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A Plan to Establish in the United States a Morbidity Registration Area, that is, an Area for the more Complete Collection of Data Relating to the Diseases of Man [1]

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Reports of communicable and other diseases have an intensive value in the community where the diseases occur. This value can not, however, be rightly interpreted in any community without comparable data from other communities. One State or city can not rightly evaluate the results of its efforts in the protection of the health of its citizens without comparable data from other States and cities.

We, as a Nation, should be able to present to other nations and to ourselves for comparison a picture of health conditions in the United States as a whole. At the present time our situation with regard to morbidity reports resembles somewhat a cross-word puzzle with most of the words missing.

Before attempting to outline a plan to establish a morbidity registration area, let us do two things; namely, first let us visualize our ultimate purpose, I should say our theoretical goal, which I am afraid is a long way off. My conception of such a goal would be a working system of reporting all of the diseases of man for all of the people of the United States and making the best use of these reports possible. To attempt this under present conditions is, of course, unthinkable. We have not yet succeeded in getting complete reports of one disease for the entire United States. Having visualized our goal, let us forget that, and, as the second step in the development of the plan for a morbidity area, let us take stock of the facilities for the collection of data which we already have and of the reports we now receive.

In the past, the Federal Government has manifested its greatest interest in the reporting of the major quarantinable diseases, such as plague, cholera, yellow fever, and smallpox. Congress, however, instructs the Public Health Service to collect information with regard to disease throughout the United States, but does not furnish the means with which to do it. The Public Health Service, by the direction of Congress, obtains its data on reportable diseases in the United States through the cooperation of State and local health officers.

The aid that the Public Health Service renders in collecting this information is based on the principle of mutual advantage and coop-

[1] Read as a part of the proceedings of the Annual Conference of State and Territorial Health Officers with the Surgeon General, Washington, D. C., June 1, 1925.

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eration. For the purpose of getting prompt and more accurate morbidity reports, the Public Health Service furnishes blank report forms and appoints as its agents in the various States, at nominal salaries, collaborating and assistant collaborating epidemiologists, who are authorized by law to use the penalty envelope in collecting these data for the Federal Government. These epidemiologists may also be, and most often are, State or local health officers, thus making their work in the improvement of morbidity reporting mutually beneficial to both the Federal Government and the States. In addition, the Public Health Service furnishes to State and local health officers, through the weekly Public Health Reports, the data which it gets from all States and cities, together with the data from foreign countries and other pertinent sanitary information. In order to understand just how the Federal Government functions in this cooperative work of collecting data, it is well to know something of the development of the present system and of its actual operation.

In 1878 Congress provided that "Consular officers of the United States shall make weekly reports to him [the Supervising Surgeon General of the Marine Hospital Service] of the sanitary condition of the ports at which they are respectively stationed. * * *" These reports were published as "Bulletins of the Public Health."

In 1879 Congress established the National Board of Health, charged with the duty, among other duties, of obtaining and disseminating information upon all matters affecting the public health, and this body took over the issuing of the Bulletins of Public Health, changing the title to "Abstracts of Sanitary Reports."

The National Board of Health was discontinued in 1883 and the Marine Hospital Service, now the Public Health Service, being charged with its duties, again assumed the publication of the Abstracts of Sanitary Reports, but the name was not changed to "Public Health Reports" until January, 1896.

In 1902, in order to secure uniformity in the registration of morbidity data, Congress enacted a law directing the Surgeon General to provide forms for the collection and compilation of morbidity data.

The first morbidity reports collected related principally to yellow fever, cholera, plague, and smallpox. From time to time other diseases were included and morbidity data for cities and States were received, compiled, published, and distributed.

The data received have increased in volume and completeness until at the present time the Public Health Service is receiving reports from about 560 out of 824 cities in the United States having a population of 10,000 or more, and from practically all States and insular possessions, as well as reports from American consuls and diplomatic officers and medical officers of the Public Health Service

stationed abroad. Reports are also received through certain cooperative agencies.

At the present time a very large part of the population of the continental United States is covered by morbidity reports of some kind transmitted to the Surgeon General of the Public Health Service with some degree of regularity. The current reports are of three kinds—namely, weekly telegraphic reports or prompt mail reports from 37 States and the District of Columbia; weekly mail reports from approximately 560 cities of 10,000 population or over; telegraphic reports of unusual conditions in the United States (or abroad).

The collection of morbidity reports is still in the formative stage. There are many rural communities in the United States in which practically no morbidity reports are collected and no records of disease prevalence are kept. Many incorporated places of considerable size make no attempt to secure systematic reports of preventable diseases, and in some State health departments the small force available and the limited appropriations make it impossible to secure reports which are of much real value. Even in those States which have the best health departments and in which the best records are kept it must be admitted that reports of notifiable diseases are incomplete and are not always comparable in completeness as between one State or city and another, and much information that is needed is not available. Statistics compiled from these incomplete reports must be used with caution. They are of value as they show the presence (or absence) of epidemics, however, and it is usually possible to compare the reports for one year with those of another in the same community; but comparisons of the prevalence of a certain disease based on reports from different communities are likely to be misleading, as the reliability of the reports varies greatly in different localities and usually the percentage of the cases which are reported in a community is not known.

However, the outlook is not entirely dark. Since 1912 the Public Health Service has published annual summaries of the reported cases of preventable diseases in States and cities of the United States. An examination of these reports shows progress. Each year the number of States and cities reporting has increased, and an analysis of the figures shows that in most communities a larger percentage of the cases are being reported than ever before.

Let us examine now the cooperative plan followed in many States in collecting morbidity statistics. As you well know, in order to comply with the law authorizing the use of the penalty envelope in obtaining these data there must be appointed as officers of the Federal Government persons to whom these penalty envelopes bearing the information may be mailed. There is appointed in the office of the

State health officer of the State using the plan, at $1 a year, an individual known as the collaborating epidemiologist of the State. The collaborating epidemiologist, usually the State health officer, recommends for appointment as many assistant collaborating epidemiologists in cities, towns, and communities throughout the State as he thinks are needed for the service. Usually these assistant collaborating epidemiologists are members of local health departments.

Penalty cards and penalty envelopes, furnished by the Public Health Service as required, are distributed to private physicians, who make out their reports of communicable diseases on these cards and mail them to the nearest local collaborating epidemiologist, who in turn transmits a summary of the data received to the State collaborating epidemiologist and to the Surgeon General of the Public Health Service. In some districts the original cards or reports are sent direct to the State collaborating epidemiologist. Usually this is in rural districts. The details of selecting assistants, collecting the data, and determining the data and the diseases to be reported on in any given State are left to the discretion of the State health officer.

Laws or enforceable regulations requiring the reporting of communicable diseases are necessary. The Model State Law for Morbidity Reports, approved by the Annual Conference of State and Territorial Health Authorities with the United States Public Health Service in 1913, and amended by the conference in 1915, has been made the basis for laws or regulations in many States and for ordinances or regulations in a large number of cities.

With these preliminary statements, let me take up now the plan for establishing a morbidity registration area. In doing so I wish to emphasize the fact that I claim no credit for this plan. It seems to me that it is merely the next step in the logical development of the system that State and local health officers have helped the Public Health Service to construct.

In the first place, such an area must be built up of units, all functioning as nearly alike as possible along certain broad, general lines. In minor details there may be as much individualization as may be desired. These units may be States, districts, cities, counties, parishes, or any form of unit that can meet the requirements of eligibility. As it appears now it would seem that, in the immediate future, registration units may consist mostly of cities. There may be two or three States and a county here and there that could qualify.

What are the requirements proposed?

Inasmuch as this is a pioneer work, much of what is suggested here is, of course, tentative.

The first requirement is, I think, a sine qua non—the unit must report directly to the Surgeon General of the Public Health Service.

In the cases of cities, reports must go to the collaborating epidemiologist in the State health office as well. The reasons for asking that reports be sent direct to the Surgeon General are twofold: (1) It is required by the statutory provisions involved, and (2) if they are not sent direct they will not reach the office of the Surgeon General in time to be of value when published as current reports. This will leave out temporarily some cities which probably could meet all other requirements.

Second. The unit seeking and maintaining its status in the registration area must be able to attain a percentage of completeness in the reporting of contagious diseases corresponding to the minimum rates adopted for these diseases. For example, the minimum rates for smallpox and diphtheria might well be 90 per cent of the cases occurring in a given locality; of measles possibly 75 per cent. Inasmuch as the number of cases of some of the diseases to be reported manifestly can not be determined by actual count, a system must be devised for *estimating* the percentage of completeness of these reports if percentage is to be used as a criterion of eligibility. I shall discuss this phase of the problem in another part of this paper.

Third. Reports must be mailed to the Surgeon General at the close of each week.

Fourth. Reports must include the following 10 diseases as a minimum,[2] namely, diphtheria, influenza, measles, pneumonia, poliomyelitis, scarlet fever, smallpox, tuberculosis, typhoid fever, and whooping cough. Cities should be required to report both cases and deaths, except that in the case of influenza and pneumonia, deaths only are required. States will have to be excused from reporting deaths for districts other than cities for the present.

The data asked for in these reports (the numbers of cases and deaths) may seem to you inadequate; but the Public Health Service does not have the facilities for working up other important data, such as age groups, race, sex, etc. There is no objection to these data being required by the units concerned, but we can not use them at this time.

We come now to the question of checking the accuracy of these reports, and this, I think, should be done by personal visit of a representative of the Public Health Service, first, to the health department of the unit which is to be checked, and, second, to as many physicians and others who treat disease as possible, the visit to the physicians to be preceded by the mailing of a letter and a questionnaire.

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[2] It has been suggested that this list should be revised—that, perhaps, reports should be required for 8 out of 10 of these diseases, or that 2 others should be added and reports on 10 out of 12 diseases should be required.

(NOTE.—Certain parts of the original paper have been slightly changed to conform to certain very excellent suggestions brought out in the discussion of this paper by members of the conference.)

In checking up the work of the health department, the following questions may be asked, not as indispensable prerequisites of eligibility, but in order that a judgment may be formed or the percentage of cases reported may be estimated. These questions are:

A. GENERAL REQUIREMENTS

(1) Is the unit which is being checked in the registration area for deaths?
(2) Is it in the registration area for births?
(3) Is it served by a whole-time health officer?
(4) Is there a service of medical inspection of schools?
(5) Is the health department able to impose penalties through the medium of the courts for failure to report cases of communicable disease?
(6) Has the unit adopted (in substance) the model morbidity law as recommended by this conference?
(7) Can the license of a physician who persistently fails or refuses to report cases of communicable diseases be revoked?
(8) Does the health department maintain as a check a card index of the physicians and others who are required to report?

These requirements are general and would tend to enable one to begin to form a judgment.

In addition to the foregoing general questions, the following might well be asked with regard to individual diseases:

B. REQUIREMENTS FOR SPECIFIC DISEASES

(1) DIPHTHERIA:
- (*a*) Reportable by name of patient?
- (*b*) Is diagnosis verified by health department?
- (*c*) Is free culture media furnished at convenient places for use in making cultures?
- (*d*) Are negative cultures required before releasing?
- (*e*) Is residence placarded by personal visit, and is case maintained in strict quarantine?
- (*f*) Are contacts kept out of school unless immune and noncarriers?
- (*g*) Is certificate required for return to school?
- (*h*) Are permits required for removal from premises in case of change of residence?
- (*i*) Is terminal disinfection (or mechanical cleaning) of premises required?
- (*j*) Is free antitoxin furnished to indigent cases?

(2) INFLUENZA:
- (*a*) Report of deaths.

(3) MEASLES:
- (*a*) Reportable by name of patient?
- (*b*) Is case quarantined?
- (*c*) Is residence placarded by personal visit?
- (*d*) Are contacts kept from school unless immune?
- (*e*) Is release required for child to attend school?

(4) POLIOMYELITIS:
- (*a*) Reportable by name of patient?
- (*b*) Is case quarantined?
- (*c*) Is residence placarded by personal visit?
- (*d*) Is release required for attendance at school?

(5) SCARLET FEVER:
- (a) Reportable by name of patient?
- (b) Is patient quarantined?
- (c) Is residence placarded by personal visit?
- (d) Are child contacts kept under supervision to cover incubation period?
- (e) Is release required for attending school?
- (f) Is terminal disinfection (or mechanical cleaning) of premises required?
- (g) Are permits required for change of residence?

(6) SMALLPOX:
- (a) Reportable by name of patient?
- (b) Is vaccination history required in report?
- (c) Are patients treated in isolation hospital?
- (d) If not, is residence quarantined or placarded by personal visit?
- (e) Are contacts vaccinated, or if not, held to complete 14 days from last exposure?
- (f) Is release from quarantine required?
- (g) Is terminal disinfection (or mechanical cleaning) of premises required?
- (h) Are reports of chicken pox obligatory?
- (i) Are reports of chicken pox verified by health department?
- (j) Are residences of patients suffering from chicken pox placarded by personal visit?

(7) TUBERCULOSIS:
- (a) Reportable by name of patient?
- (b) Are clinics available for indigent cases?
- (c) What is the ratio of fatalities to cases?

(8) TYPHOID FEVER:
- (a) Reportable by name of patient?
- (b) Are attempts made to determine origin?
- (c) Are residences placarded by personal visit?
- (d) Are permits required for change of residence?
- (e) What is the ratio of fatalities to cases?

(9) WHOOPING COUGH:
- (a) Reportable by name of patient?
- (b) Is residence placarded by personal visit?
- (c) Is patient quarantined or tagged during active period?
- (d) Is release required for school attendance?
- (e) Is permit required for change of residence?
- (f) Are contacts kept from school unless immune?

(10) PNEUMONIA:
- (a) Report of deaths.

I mentioned as a second means of checking the accuracy of morbidity reports a letter, a questionnaire, and a visit to the physicians. I would consider sending a modified form of the letter and questionnaire to the Christian Scientist practitioners, the osteopaths, the chiropractors, and to all others who are authorized in any way to treat the sick, and if it is determined to include them in the survey, visit them as well.

The letter and questionnaire should be mailed to every physician and to others concerned and followed within a few days by the visit.

If it is not possible to visit all physicians, then a follow-up letter should be sent to those not seen, asking that the questionnaires be mailed.

The following is suggested as the letter to the physicians:

DEAR DOCTOR: Every right-thinking physician recognizes the desirability, the necessity, of reporting communicable disease. In conferring upon the physician the responsible privileges inseparable from the practice of his profession, the State justly imposes on him the duty of safeguarding the public health by requiring him to report cases of communicable disease that he attends.

Your State and local authorities, in cooperation with the United States Public Health Service, are at present engaged in checking the completeness of the reports of communicable disease in this city, in order to determine its eligibility for authoritative inclusion in the United States Registration Area for Morbidity Reports.

The inclosed numbered questionnaire is sent you with the request that you fill it out at your earliest convenience and retain it in your office until called for (within the next few days) by a representative of the United States Public Health Service. The information you give will be treated as confidential and will be used for one purpose, and one only, namely, as a check on the completeness of the reports of communicable diseases in this city. You will never hear from it in any other way. It is desired that you sign the questionnaire, but this is not necessary if you prefer not to do so.

Respectfully,

SURGEON GENERAL.

The questionnaire to be inclosed would read as follows:

REPORT OF COMMUNICABLE DISEASES

1. Check on the list given below the diseases which are and which are not reportable:

Disease	Reportable		Disease	Reportable	
	Yes	No		Yes	No
Actinomycosis			Plague		
Acute infectious conjunctivitis			Pneumonia (acute lobar)		
Anchylostomiasis (hookworm)			Poliomyelitis		
Anthrax			Rabies		
Cerebrospinal meningitis (epidemic)			Rocky Mountain spotted or tick fever		
Chicken pox			Scarlet fever		
Cholera			Septic sore throat		
Dengue			Smallpox		
Diphtheria			Syphilis		
Dysentery (amebic)			Tetanus		
Dysentery (bacillary)			Trachoma		
Favus			Trichinosis		
German measles			Tuberculosis (pulmonary)		
Glanders			Tuberculosis (other than pulmonary)		
Gonorrhea			Typhoid fever		
Leprosy			Typhus fever		
Malaria			Whooping cough		
Measles			Yellow fever		
Mumps					
Paratyphoid fever					

2. Indicate on the list following this paragraph the number of cases of the diseases mentioned which you attended during the last four weeks and the number you reported to your health department. (Do not include those in which you were a consultant only, and which you know were reported by another physician.)

Disease	Attended	Reported	Disease	Attended	Reported
Diphtheria			Scarlet fever		
Influenza			Smallpox		
Measles			Tuberculosis		
Pneumonia			Typhoid fever		
Poliomyelitis			Whooping cough		

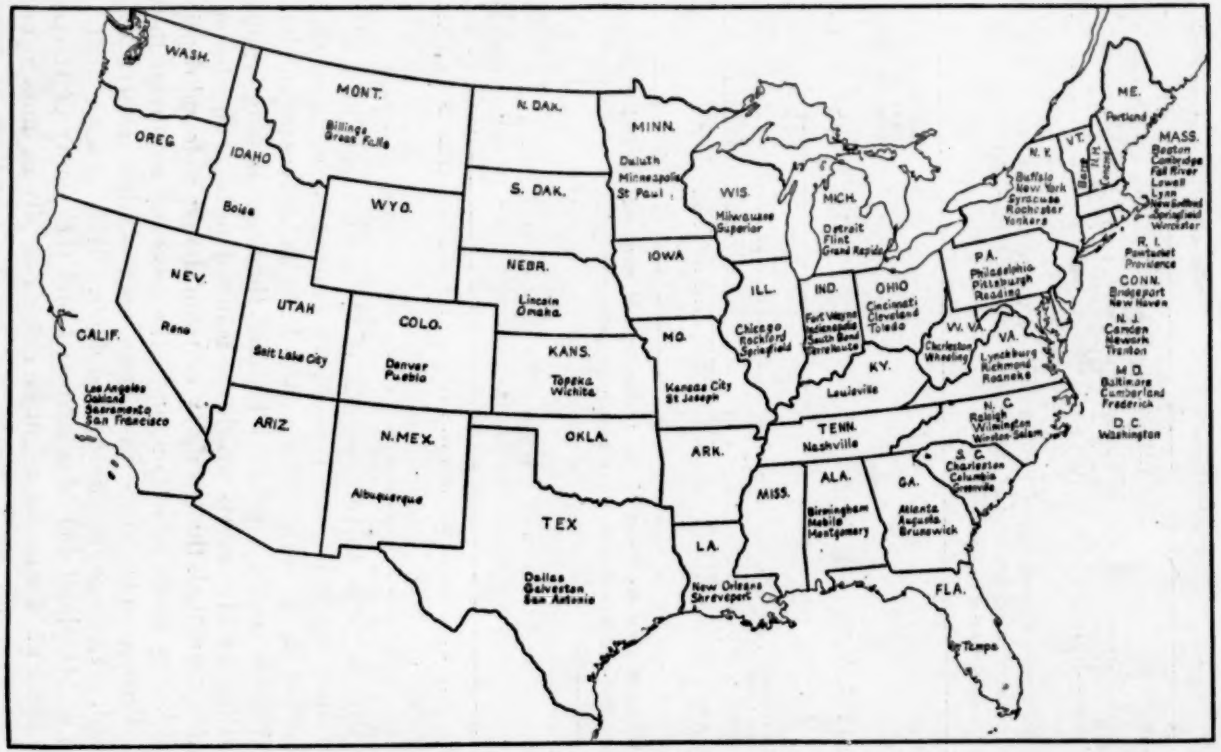
3. From your knowledge of the practices of the physicians of this city, is it your opinion that 95 per cent of them report at least 90 per cent of their cases of the following-named diseases:

Disease	95 per cent of physicians report 90 per cent of their cases (opinion)	
	Yes	No
Diphtheria		
Influenza (deaths)		
Pneumonia (deaths)		
Poliomyelitis		
Smallpox		
Typhoid fever		
Whooping cough		

4. What is your estimate of the percentage of cases of the following-named diseases that are reported to your health department:

Disease	Estimate of cases reported (per cent)
Measles	
Scarlet fever	
Tuberculosis	

Finally we come to the question of the component units of the registration area itself, and I would recommend for inclusion the 91 cities noted on the map. These cities have an aggregate population of 27,700,000 and are selected because they are already regularly submitting weekly reports which are believed to be of the degree of accuracy stipulated, though if any of them should be found deficient on check they would be left out until the necessary requirements are met. Perhaps some cities have been omitted that deserve to be included. This can be determined later. It is possible that the States of Maryland and Massachusetts and the county of Harrison of the State of Mississippi might be able to qualify as units at once. Whether there are other States that could do so I am at present unable to say. I think it is quite possible. The health officers of the individual States will know better than I as to whether they could so qualify.



Map showing cities proposed to be included in tentative morbidity registration area

I may also say (and this is quite important) that the establishment of a registration area will not, for the time being at least, prevent the Public Health Service from receiving and publishing informally data from those States and cities which can not qualify as portions of the registration area, nor will it cease to publish such data as may be obtained with regard to diseases not included in the list I have indicated.

In concluding, I want to express my thanks to Doctor Fulton, Doctor Leathers, Doctor Kelley, Doctor Riley, Doctor Olin, and others for aid and encouragement; to my predecessors in my division; and to Mr. Jason Waterman, also of my division, for a foundation to work on; and to the Surgeon General and my colleagues for aid and encouragement, and for this opportunity of presenting the plan as outlined.

SMALLPOX IN MILWAUKEE—SPECIAL RULES RESCINDED

The State health officer of Wisconsin, on June 24, 1925, rescinded the special rules for the control of smallpox in Milwaukee. These rules were adopted by the Wisconsin State Board of Health and became effective May 22, 1925. They read as follows:

Rule 1. Whenever within any square block in the city of Milwaukee there shall have developed within a period of 14 days cases of smallpox in three or more homes in such square block, then said square block, with all the houses abutting on the streets surrounding said square block, shall be known as an infected area and such area is hereby quarantined.

Rule 2. The commissioner of health of Milwaukee is hereby authorized to make such rules and regulations as he deems advisable for enforcing this quarantine, and shall have power to suspend the operation of this quarantine in respect to any person or persons in this infected area or any part thereof as he shall deem advisable.

Rule 3. These rules, regulations, and orders shall become null and void when the State health officer shall notify the commissioner of health of the city of Milwaukee that the emergency no longer exists.

The decrease in the number of cases of smallpox in Milwaukee was the reason for the decision that the emergency no longer existed.

ABSTRACT OF CURRENT PUBLIC HEALTH COURT DECISION

Pollution of public water supply enjoined.—(Pennsylvania Supreme Court.) The complainants brought suit to enjoin the defendants from discharging acid mine waters into a stream from which, at a point below defendants' mines, the public was supplied with water and from which water was taken for use by the plaintiff railroad company. The drainage of the mine waters into the stream polluted it, and the court, after stating facts showing that public use was made of the stream, reached the conclusion that the defendants had "no

right of any kind to drain their mine waters into the stream, considering the public use which is made of its waters, and that their so doing constitutes a nuisance which must be restrained." (Pennsylvania R. Co. *v.* Sagamore Coal Co. et al., 126 Atl. 386.)

A METHOD OF PREPARING EFFECTIVE HEALTH POSTERS QUICKLY

Occasions frequently arise in public health work, especially in times of epidemics, when there is urgent need for the speedy application of all measures that may aid in controlling an acute situation. One of the most important and effective of such measures, in many instances, is the use of specially prepared posters which will arrest attention and present a graphic lesson in prevention that is more effective than other forms of health education such as circulars and pamphlets. While there is nothing new in the method described below, its use and possibilities have probably been overlooked, and it is presented here merely as a suggestion to public health authorities who may have occasion to employ it.

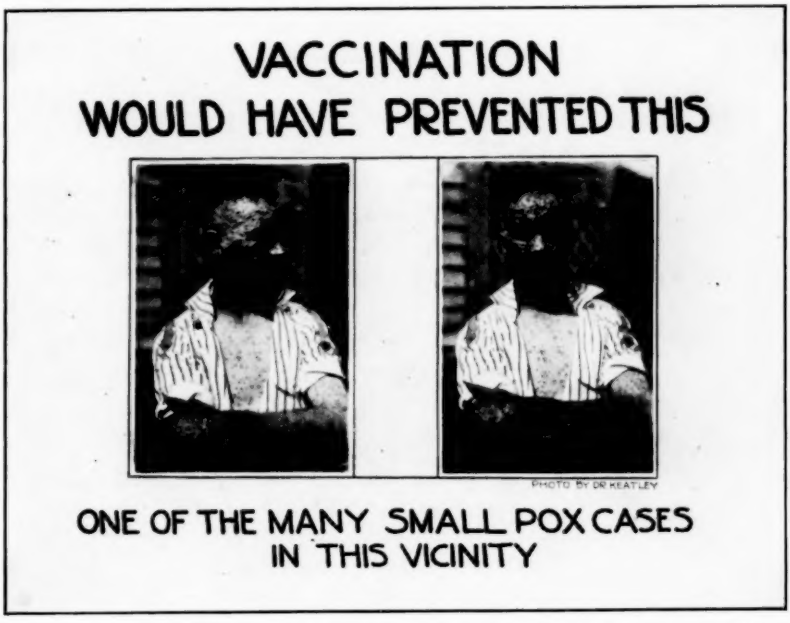
During a recent outbreak of smallpox in the cities of Rock Island and Moline, Ill., and Davenport, Iowa, Acting Asst. Surg. H. W. Keatley, of the United States Public Health Service, was called upon to assist the local authorities in furnishing publicity material showing the value and necessity of vaccination against smallpox. As this material was needed immediately, and as there were no funds available for printing, he prepared some posters by making use of the photostat. He took two photographs of a severe case of the disease, pasted these photographs on a large cardboard 16 by 20 inches, and had the legends lettered on it. From this, by means of the photostat, he produced a negative and from the negative as many positives (as shown in the accompanying illustration) as were required. These posters were ready for distribution in less than 24 hours after Doctor Keatley had been called upon to assist the local health authorities.

DEATH RATES IN A GROUP OF INSURED PERSONS

COMPARISON OF PRINCIPAL CAUSES OF DEATH, APRIL AND MAY, 1925, AND MAY AND YEAR, 1924

The accompanying table is taken from the Statistical Bulletin for June, 1925, published by the Metropolitan Life Insurance Co., and presents the mortality experience of the company for the month of May, 1925, as compared with April and with May, 1924. The rates are based on a strength of approximately 16,000,000 insured persons.

For the fifth successive month of 1925 the death rate for this group of persons showed improvement over the corresponding month of



Appearance of finished poster, about 13 by 17 inches, prepared quickly by means of the photostat

last year. The rate for May (8.8 per 1,000) is stated to be the lowest ever recorded for that month, excepting for the year 1921, and to make this comparison the calculation must be carried to the second decimal place. This year's rate for May is nevertheless considered to mark a new low rate for that month, as it is based on an exposure to risk of several hundred thousand infant lives, whereas in 1921 no infants were insured.

The usual seasonal decline as compared with April (10.1 per 1,000) is shown. The Bulletin states:

"The table shows that a favorable report may be made for all of the more important diseases. The combined rate for the epidemic diseases of childhood continues remarkably low. Mortality from tuberculosis is much lower than ever before recorded for the month of May. The record for the degenerative diseases is altogether favorable. The heart disease death rate, as in April, shows a reduction as compared with 1924, which is the reverse of the experience for January, February, and March. Even diabetes, which for the majority of the months since midyear of 1924 has been registering increases, recorded declines in May and April. Deaths from maternal diseases fell sharply, both from the April, 1925, figure and from that of May, 1924.

"The fatal accident rate, however, rose slightly over last year's May figure, and there was again a sharp rise in automobile casualties. The homicide rate for the fifth successive month of 1925 showed an increase over the corresponding period of the preceding year."

Death rates (annual basis) for principal causes per 100,000 lives exposed, April and May, 1925, and May and year, 1924

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Rate per 100,000 lives exposed [1]			
	May, 1925	April, 1925	May, 1924	Year 1924 [2]
Total, all causes	884.2	1,014.9	957.2	907.5
Typhoid fever	2.0	2.0	2.5	4.4
Measles	5.0	4.5	10.2	7.2
Scarlet fever	4.6	4.8	6.4	4.4
Whooping cough	7.9	8.8	8.0	7.4
Diphtheria	10.4	12.8	9.8	13.2
Influenza	25.0	44.5	18.8	16.0
Tuberculosis (all forms)	102.6	105.4	111.5	104.5
Tuberculosis of respiratory system	87.6	92.3	101.6	92.6
Cancer	65.9	70.0	66.6	70.4
Diabetes mellitus	14.1	16.1	16.3	14.9
Cerebral hemorrhage	49.6	56.6	66.2	60.2
Organic diseases of heart	124.3	138.5	129.9	123.7
Pneumonia (all forms)	94.7	134.0	103.8	88.8
Other respiratory diseases	14.2	16.8	17.0	13.9
Diarrhea and enteritis	19.0	17.5	20.7	32.2
Bright's disease (chronic nephritis)	66.7	76.1	68.4	65.5
Puerperal state	15.4	18.9	17.6	16.8
Suicides	5.3	7.2	8.2	7.2
Homicides	6.7	7.7	5.4	7.1
Other external causes (excluding suicides and homicides)	55.6	57.3	54.3	62.7
Traumatism by automobile	14.1	13.6	11.5	15.7
All other causes	195.1	215.2	215.6	187.0

[1] All figures include infants insured under 1 year of age.
[2] Based on provisional estimate of lives exposed to risk in 1924.

DEATHS DURING WEEK ENDED JULY 11, 1925

Summary of information received by telegraph from industrial insurance companies for week ended July 11, 1925, and corresponding week of 1924. (From the Weekly Health Index, July 14, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended July 11, 1925	Corresponding week, 1924
Policies in force	60, 488, 896	56, 537, 305
Number of death claims	9, 399	9, 565
Death claims per 1,000 policies in force, annual rate	8. 1	8. 8

Deaths from all causes in certain large cities of the United States during the week ended July 11, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, July 14, 1925, issued by the Bureau of the Census, Department of Commerce)

City	Week ended July 11, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended July 11, 1925 [2]
	Total deaths	Death rate [1]		Week ended July 11, 1925	Corresponding week, 1924	
Total (66 cities)	6,306	11.8	[3] 11.3	748	[3] 676	[4] 61
Akron	32			2	6	22
Albany [5]	42	18.3	11.0	5	1	109
Atlanta	83			11	14	
Baltimore [5]	194	12.7	12.6	29	21	87
Birmingham	61	15.5	13.2	14	7	
Boston	210	14.0	13.6	21	25	56
Bridgeport	21			1	1	16
Buffalo	161	15.2	10.1	19	12	77
Cambridge	25	11.6	13.0	4	3	69
Camden	34	13.8	13.2	2	4	32
Chicago [5]	603	10.5	9.9	57	77	50
Cincinnati	93	11.8	12.3	12	10	71
Cleveland	188	10.5	9.8	23	26	57
Columbus	69	12.9	13.8	9	5	83
Dallas	42	11.3	8.9	9	2	
Dayton	28	8.4	11.4	3	6	47
Denver	74	13.7	11.7	5	14	
Des Moines	33	11.5	6.1	2	0	34
Detroit	228			43	42	74
Duluth	22	10.4	13.5	5	3	108
El Paso	33	16.4		7		
Erie	16			0	2	0
Fall River [5]	23	9.9	9.0	5	6	72
Flint	22	8.8	10.1	4	3	63
Fort Worth	36	12.3	9.2	5	8	
Grand Rapids	44	15.0	12.0	8	3	126
Houston	50	15.8	12.4	8	8	
Indianapolis	101	14.7	11.0	11	5	78
Jersey City	57	9.4	10.5	6	5	43
Kansas City, Kans	37	15.6	11.1	6	4	127
Kansas City, Mo	99	14.0	13.3	6	7	
Los Angeles	196			25	23	69
Louisville	99	19.9	13.5	13	4	114
Lowell	35	15.7	13.5	3	7	52
Lynn	24	12.0	10.1	2	1	53
Memphis	56	16.7	23.9	6	11	
Milwaukee	75	7.8	11.1	6	14	28
Minneapolis	82	10.1	9.9	6	10	32
Nashville [5]	51	19.5	19.4	5	10	
New Bedford	24	9.3	9.0	7	2	116
New Haven	39	11.4	11.6	2	7	26
New Orleans	157	19.7	18.8	24	17	
New York	1,210	10.3	9.9	163	132	65
Bronx Borough	153	8.8	8.0	16	12	55
Brooklyn Borough	382	8.9	9.3	56	50	58
Manhattan Borough	521	12.0	11.2	75	54	78
Queens Borough	109	9.9	9.2	12	13	56
Richmond Borough	45	17.5	13.6	4	3	72

Deaths from all causes in certain large cities of the United States during the week ended July 11, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, July 14, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended July 11, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended July 11, 1925 [2]
	Total deaths	Death rate [1]		Week ended July 11, 1925	Corresponding week, 1924	
Newark, N. J	113	13.0	7.6	17	10	77
Norfolk	36			5	9	92
Oakland	48	9.9	9.5	7	6	81
Oklahoma City	21			5	6	
Omaha	54	13.3	16.8	2	5	21
Paterson	27	9.9	13.3	0	4	0
Philadelphia	395	10.4	10.6	51	47	64
Pittsburgh	127	10.5	12.4	19	14	63
Portland, Oreg	52	9.6	13.5	4	6	40
Providence	63	13.4	10.5	3	4	24
Richmond	61	17.1	11.4	11	4	131
Rochester	68	10.7	9.5	4	6	32
St. Louis	239	15.2	13.2	23	11	
St. Paul	49	10.4	14.3	3	5	25
Salt Lake City [3]	27	10.8	15.8	5	6	78
San Antonio	60	17.4	14.4	18	11	
San Diego	31	15.2	20.5	2	2	47
San Francisco	151	14.1	14.4	8	7	46
Schenectady	16	8.2	6.2	2	2	56
Seattle	57			6	1	58
Somerville	18	9.2	9.9	1	1	27
Spokane	23	11.0	10.0	3	1	67
Springfield, Mass	31	10.6	10.5	4	3	60
Syracuse	54	14.7	13.3	1	6	13
Tacoma	16	8.0	10.1	1	1	23
Toledo	61	11.1	13.0	4	7	36
Trenton	44	17.4	17.3	6	2	99
Washington, D. C	117	12.3	11.6	12	12	67
Waterbury	17			3	2	65
Wilmington, Del	29	12.4	7.8	2	1	45
Worcester	43	11.3	14.7	5	4	58
Yonkers	19	8.9	7.1	3	3	66
Youngstown	31	10.1	7.7	5	5	62

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.
[3] Data for 65 cities.
[4] Data for 61 cities.
[5] Deaths for week ended Friday, July 10, 1925.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended July 18, 1925

ALABAMA

	Cases
Cerebrospinal meningitis	2
Chicken pox	6
Dengue	1
Diphtheria	13
Influenza	2
Malaria	98
Measles	6
Mumps	9
Pellagra	21
Pneumonia	8
Poliomyelitis	5
Scarlet fever	19
Smallpox	20
Tuberculosis	31
Typhoid fever	105
Whooping cough	16

ARIZONA

Diphtheria	2
Dysentery	1
Measles	4
Pneumonia	1
Scarlet fever	2
Tuberculosis	59
Typhoid fever	2
Whooping cough	6

ARKANSAS

Cerebrospinal meningitis	1
Chicken pox	17
Diphtheria	1
Hookworm disease	4
Influenza	17
Malaria	113
Measles	9
Mumps	12
Paratyphoid fever	3
Pellagra	13
Scarlet fever	3
Trachoma	1
Tuberculosis	13
Typhoid fever	68
Whooping cough	11

CALIFORNIA

	Cases
Cerebrospinal meningitis—Ukiah	1
Diphtheria	55
Influenza	6
Leprosy—Sacramento County	1
Lethargic encephalitis:	
Colton	1
San Francisco	1
Measles	34
Poliomyelitis:	
Berkeley	1
Bishop	1
Contracosta County	1
Fresno County	2
Kern County	1
Long Beach	1
Los Angeles	21
Los Angeles County	3
Oakland	2
Orange County	1
Pomona	1
Sacramento	2
Sacramento County	1
San Diego	1
San Francisco	1
Venice	1
Scarlet fever	42
Smallpox:	
Los Angeles	25
Scattering	24
Typhoid fever	16

COLORADO

(Exclusive of Denver)

Diphtheria	12
Mumps	2
Scarlet fever	3
Smallpox	1
Tuberculosis	23
Typhoid fever	2
Whooping cough	10

CONNECTICUT

	Cases
Cerebrospinal meningitis	2
Chicken pox	14
Diphtheria	25
German measles	4
Lethargic encephalitis	2
Malaria	2
Measles	58
Mumps	5
Pneumonia (all forms)	15
Poliomyelitis	1
Scarlet fever	21
Tetanus	8
Tuberculosis (all forms)	47
Typhoid fever	4
Whooping cough	106

DELAWARE

Measles	6
Mumps	1
Tuberculosis	4
Typhoid fever	7
Whooping cough	5

FLORIDA

Chicken pox	1
Diphtheria	7
Influenza	6
Malaria	9
Mumps	2
Pneumonia	2
Scarlet fever	3
Tuberculosis	7
Typhoid fever	9
Whooping cough	3

GEORGIA

Chicken pox	1
Conjunctivitis	2
Dengue	2
Diphtheria	7
Dysentery	9
Hookworm disease	7
Influenza	3
Malaria	78
Measles	2
Mumps	10
Paratyphoid fever	9
Pellagra	8
Pneumonia	7
Poliomyelitis	3
Scarlet fever	4
Septic sore throat	1
Smallpox	4
Tetanus	1
Tuberculosis	20
Typhoid fever	66
Typhus fever	2
Whooping cough	24

ILLINOIS

Diphtheria:	
Cook County	46
Scattering	12
Influenza	4
Measles	239
Pneumonia	72

ILLINOIS—continued

	Cases
Poliomyelitis:	
Cook County	3
McHenry County	1
Morgan County	1
Scarlet fever:	
Cook County	32
Scattering	31
Smallpox:	
Cook County	5
Scattering	7
Tuberculosis	250
Typhoid fever:	
Cook County	5
Scattering	39
Whooping cough	255

INDIANA

Cerebrospinal meningitis—Marion	1
Chicken pox	24
Diphtheria	17
Influenza	24
Measles	56
Pneumonia	2
Scarlet fever	21
Smallpox	23
Tuberculosis	50
Typhoid fever	33
Whooping cough	52

IOWA

Diphtheria	4
Scarlet fever	9
Smallpox	3

KANSAS

Chicken pox	11
Diphtheria	9
Dysentery	2
Measles	1
Mumps	35
Pellagra	1
Pneumonia	6
Poliomyelitis	1
Scarlet fever	13
Smallpox	8
Tetanus	2
Tuberculosis	43
Typhoid fever	31
Whooping cough	111

LOUISIANA

Diphtheria	7
Leprosy	1
Malaria	11
Paratyphoid fever	2
Pneumonia	17
Scarlet fever	7
Smallpox	2
Tuberculosis	29
Typhoid fever	71
Whooping cough	30

MAINE

Chicken pox	5
Diphtheria	2
German measles	1

MAINE—continued

	Cases
Measles	7
Mumps	11
Pneumonia	3
Scarlet fever	4
Tetanus	4
Tuberculosis	5
Typhoid fever	2
Whooping cough	1

MARYLAND [1]

Chicken pox	14
Diphtheria	10
Dysentery	21
German measles	7
Influenza	1
Malaria	4
Measles	29
Mumps	22
Pellagra	1
Pneumonia (broncho)	5
Pneumonia (lobar)	7
Poliomyelitis	2
Rabies	1
Scarlet fever	5
Tetanus	1
Tuberculosis	51
Typhoid fever	18
Whooping cough	109

MASSACHUSETTS

Cerebrospinal meningitis	3
Chicken pox	58
Conjunctivitis (suppurative)	12
Diphtheria	52
German measles	31
Hookworm disease	1
Lethargic encephalitis	3
Measles	276
Mumps	19
Ophthalmia neonatorum	17
Pellagra	1
Pneumonia (lobar)	35
Poliomyelitis	2
Scarlet fever	49
Septic sore throat	1
Tetanus	1
Trachoma	1
Tuberculosis (pulmonary)	123
Tuberculosis (other forms)	20
Typhoid fever	27
Whooping cough	142

MICHIGAN

Diphtheria	43
Measles	84
Pneumonia	33
Scarlet fever	98
Smallpox	5
Tuberculosis	65
Typhoid fever	13
Whooping cough	215

MINNESOTA

Chicken pox	95
Diphtheria	39
Measles	7

[1] Week ended Friday.

MINNESOTA—continued

	Cases
Poliomyelitis	19
Scarlet fever	65
Smallpox	5
Tuberculosis	84
Typhoid fever	4
Whooping cough	22

MISSISSIPPI

Diphtheria	4
Scarlet fever	9
Smallpox	12
Typhoid fever	64

MISSOURI
(Exclusive of Kansas City)

Chicken pox	10
Diphtheria	22
Measles	8
Mumps	9
Pneumonia	4
Scarlet fever	34
Smallpox	6
Tetanus	4
Trachoma	2
Tuberculosis	67
Typhoid fever	40
Whooping cough	68

MONTANA

Chicken pox	6
Diphtheria	2
Mumps	2
Pneumonia	1
Poliomyelitis	1
Scarlet fever	18
Smallpox	6
Tuberculosis	13
Typhoid fever	4
Whooping cough	4

NEW JERSEY

Cerebrospinal meningitis	4
Chicken pox	39
Diphtheria	56
Dysentery	1
Influenza	3
Malaria	1
Measles	163
Pneumonia	34
Poliomyelitis	7
Scarlet fever	44
Smallpox	5
Typhoid fever	26
Whooping cough	225

NEW MEXICO

Chicken pox	4
Diphtheria	16
Malaria	2
Mumps	5
Pneumonia	3
Rabies in animals	2
Scarlet fever	1
Tuberculosis	8
Tularaemia	2
Typhoid fever	3
Whooping cough	6

NEW YORK

	Cases
(Exclusive of New York City)	
Cerebrospinal meningitis	2
Diphtheria	61
Influenza	6
Lethargic encephalitis	2
Measles	183
Pneumonia	57
Poliomyelitis	18
Scarlet fever	49
Smallpox	3
Typhoid fever	30
Whooping cough	232

NORTH CAROLINA

Chicken pox	3
Diphtheria	24
German measles	1
Measles	6
Scarlet fever	6
Septic sore throat	1
Smallpox	12
Trachoma	1
Typhoid fever	72
Whooping cough	109

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)	
Cerebrospinal meningitis:	
Grady	1
Leflore	1
Osage	1
Chicken pox	2
Diphtheria	3
Influenza	14
Malaria	96
Mumps	15
Pellagra	14
Pneumonia	8
Poliomyelitis:	
Blaine	1
Choctaw	1
Washington	1
Scarlet fever	10
Smallpox	6
Typhoid fever:	
Garvin	11
Johnston	11
Stephens	12
Washington	20
Scattering	54
Whooping cough	29

OREGON

Cerebrospinal meningitis	1
Chicken pox	6
Diphtheria	5
Dysentery	2
Measles	1
Mumps	2
Pneumonia	[1] 2
Scarlet fever	13
Smallpox	4
Tuberculosis	[1] 4
Typhoid fever	5
Whooping cough	4

[1] Deaths.

SOUTH DAKOTA

	Cases
Diphtheria	4
Measles	5
Poliomyelitis	1
Scarlet fever	11
Smallpox	2
Tuberculosis	5
Whooping cough	8

TEXAS

Chicken pox	2
Diphtheria	12
Measles	4
Mumps	8
Paratyphoid fever	5
Pellagra	6
Pneumonia	2
Poliomyelitis	3
Scarlet fever	2
Smallpox	3
Tuberculosis	38
Typhoid fever	37
Typhus fever	2
Whooping cough	24

VERMONT

Chicken pox	5
Diphtheria	3
Measles	12
Mumps	3
Scarlet fever	3
Whooping cough	5

VIRGINIA

Poliomyelitis—Rockbridge County	1
Smallpox—Roanoke	1

WASHINGTON

Cerebrospinal meningitis:	
Spokane	3
Thurston County	1
Chicken pox	33
Diphtheria	19
German measles	5
Measles	3
Mumps	42
Pneumonia	4
Scarlet fever	25
Smallpox	50
Tuberculosis	13
Typhoid fever	13
Whooping cough	103

WEST VIRGINIA

Scarlet fever	* 4
Smallpox	6
Typhoid fever	3

WISCONSIN

Milwaukee:	
Chicken pox	15
Diphtheria	11
Measles	32
Mumps	12
Pneumonia	6
Scarlet fever	5
Smallpox	2
Tuberculosis	23
Whooping cough	39

WISCONSIN—continued

Scattering:	Cases
Chicken pox	33
Diphtheria	26
German measles	22
Influenza	2
Lethargic encephalitis	1
Measles	63
Mumps	34
Pneumonia	3
Poliomyelitis	13
Scarlet fever	47
Smallpox	7
Tuberculosis	27
Typhoid fever	3
Whooping cough	119

Reports for Week Ended July 11, 1925

DISTRICT OF COLUMBIA

	Cases
Diphtheria	4
Measles	25
Pneumonia	7
Scarlet fever	6
Tuberculosis	26
Typhoid fever	3
Whooping cough	22

NEBRASKA

Chicken pox	1
Diphtheria	6
Measles	1
Mumps	4
Scarlet fever	2
Smallpox	2
Typhoid fever	2
Whooping cough	17

NORTH DAKOTA

	Cases
Cerebrospinal meningitis	1
Chicken pox	4
Diphtheria	1
Mumps	8
Pneumonia	2
Poliomyelitis	6
Scarlet fever	9
Smallpox	1
Tuberculosis	1
Whooping cough	21

WYOMING

Chicken pox	2
German measles	1
Influenza	1
Mumps	1
Scarlet fever	4
Smallpox	1
Whooping cough	4

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
May, 1925										
Georgia	3	34	491	279	88	70	1	25	128	155
June, 1925										
Delaware	0	4	1	----	41	----	2	4	2	3
District of Columbia	0	31	0	----	106	0	0	44	2	8
Florida	2	42	51	48	12	17	7	12	19	70
Indiana	3	78	74	----	----	----	----	292	----	45
Missouri	4	176	9	6	61	0	1	390	99	41
North Carolina	2	82	----	----	36	----	11	43	174	159
Oklahoma [1]	4	28	129	187	15	52	4	58	37	295
Vermont	0	6	0	----	203	----	0	26	0	1
Wyoming	----	5	1	----	----	----	----	23	2	3

[1] Cities of Tulsa and Oklahoma excluded.

Number of Cases of Certain Communicable Diseases Reported for the Month of April, 1925, by State Health Officers

	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	210	34	90	230	104	497	207	48	98
Arizona	20	14	171	42	36	5	94	2	35
Arkansas	65	13	104	162	19	38	[1] 56	27	73
California	1,423	560	555	1,824	620	827	1,119	54	2,060
Colorado	136	86	28	371	107	2	[1] 67	8	45
Connecticut	207	138	780	126	480	2	174	11	402
Delaware	10	8	37	18	17	1	19	1	9
District of Columbia	88	31	194		106	26	142	4	72
Florida	72	33	24	417	25	32	157	76	65
Georgia	182	59	92	372	28	46	[1] 141	42	206
Idaho		15			13			11	
Illinois	830	391	5,985	1,037	1,772	215	1,101	58	1,352
Indiana		119			856			25	
Iowa	94	65	37	62	131	37	8	(2)	34
Kansas	325	68	61	938	397	35	287	6	127
Kentucky [3]									
Louisiana	69	53	8	4	50	83	[1] 172	98	87
Maine	120	12	85	406	85		48	12	24
Maryland	387	132	154	379	280	6	440	22	405
Massachusetts	612	394	3,846	335	1,148	1	703	42	622
Michigan	527	307	1,039	381	1,605	93	668	38	637
Minnesota	357	259	77		928	73	307	12	72
Mississippi	777	51	605	2,091	14	145	357	134	783
Missouri	283	264	79	298	1,061	61	278	24	104
Montana	56	36	97	83	144	35	71	5	21
Nebraska		42			66			1	
Nevada [4]									
New Hampshire [4]									
New Jersey	616	310	1,322		1,172	23	487	24	1,083
New Mexico	31	9	74	49	32	2	80	7	46
New York	1,747	1,576	3,258	1,374	2,898	14	1,893	142	1,597
North Carolina	501	90	97		107	350		10	442
North Dakota	41	19	16	43	136	33	5	1	105
Ohio	950	294	1,258	557	1,827	539	824	42	849
Oklahoma	140		21	105		77	151	29	144
Oregon	93	131	16	171	125	31	70	14	97
Pennsylvania	1,282	957	7,289	2,516	2,534	63	663	69	1,006
Rhode Island		49			143	27		4	
South Carolina	45	146	18	13	28	129	282	84	638
South Dakota	49	13	4	5	199	57	10		11
Tennessee	170	42	264	6	145	221	174	22	171
Texas [3]									
Utah	321	39	18	272	35		6	10	346
Vermont	96	17	23	224	63		[1] 19	3	13
Virginia	569	83	970		106	19	[1] 141	70	728
Washington	387	105	22	538	119	196	128	13	544
West Virginia	170	51	481		170	96	67	40	113
Wisconsin	707	203	2,440	1,727	719	157	212	25	413
Wyoming	22	7	53	46	34		1	2	31

[1] Pulmonary.
[2] Reports not required by law.
[3] Reports received weekly.
[4] Reports received annually.

Case Rates Per 1,000 Population (Annual Basis) for the Month of April, 1925

	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	1.08	0.17	0.46	1.23	0.53	2.55	1.06	0.25	0.50
Arizona	.62	.43	5.31	1.30	1.12	.16	2.92	.06	1.09
Arkansas	.44	.09	.71	1.11	.13	.26	[1] .38	.18	.50
California	4.48	1.76	1.75	5.75	1.95	2.61	3.52	.17	6.49
Colorado	1.69	1.07	.35	4.61	1.33	.02	[1] .83	.10	.56
Connecticut	1.71	1.14	6.45	1.04	3.97	.02	1.44	.09	3.33
Delaware	.54	.43	2.00	.97	.92	.05	1.03	.05	.49
District of Columbia	2.24	.79	4.94		2.70	.66	3.61	.10	1.83
Florida	.84	.38	.28	4.84	.29	.37	1.82	.88	.75
Georgia	.75	.24	.38	1.54	.12	.19	.58	.17	.85
Idaho		.39			.33			.28	
Illinois	1.51	.71	10.89	1.89	3.22	.39	2.00	.11	2.46
Indiana		.49			3.54			.10	
Iowa	.48	.33	.19	.31	.66	.19	.04	[2]	.17
Kansas	2.27	.47	.43	6.55	2.77	.24	2.00	.04	.89
Kentucky [3]									
Louisiana	.47	.36	.05	.03	.34	.56	1.16	.66	.59
Maine	1.94	.19	1.38	6.57	1.38		.78	.19	.39
Maryland	3.19	1.09	1.27	3.12	2.31	.05	3.63	.18	3.34
Massachusetts	1.88	1.21	11.80	1.03	3.52	.00	2.16	.13	1.91
Michigan	1.61	.94	3.17	1.16	4.89	.28	2.04	.12	1.94
Minnesota	1.76	1.28	.38		4.59	.36	1.52	.06	.36
Mississippi	5.50	.36	4.28	14.79	.10	1.03	2.53	.95	5.54
Missouri	1.03	.96	.29	1.09	3.88	.22	1.02	.09	.38
Montana	1.10	.70	1.90	1.63	2.82	.69	1.39	.10	.41
Nebraska		.39			.62			.01	
Nevada [4]									
New Hampshire [4]									
New Jersey	2.22	1.12	4.78		4.23	.08	1.76	.09	3.91
New Mexico	1.04	.30	2.47	1.64	1.07	.07	2.67	.23	1.54
New York	1.99	1.80	3.72	1.57	3.31	.02	2.16	.16	1.82
North Carolina	2.30	.41	.45		.49	1.61		.05	2.03
North Dakota	.76	.35	.30	.79	2.51	.61	.09	.02	1.94
Ohio	1.90	.59	2.52	1.12	3.66	1.08	1.65	.08	1.70
Oklahoma	.79		.12	.59		.44	.85	.16	.81
Oregon	1.39	1.96	.24	2.56	1.87	.46	1.05	.21	1.45
Pennsylvania	1.74	1.39	9.91	3.42	3.44	.09	.90	.09	1.37
Rhode Island		.97			2.83	.53		.08	
South Carolina	.32	1.04	.13	.09	.20	.92	2.01	.60	4.54
South Dakota	.93	.25	.08	.10	3.78	1.08	.19		.21
Tennessee	.89	.22	1.38	.03	.76	1.15	.91	.11	.89
Texas [3]									
Utah	8.26	1.00	.46	7.00	.90		.15	.26	8.90
Vermont	3.45	.61	.83	8.05	2.26		[1] .68	.11	.47
Virginia	2.94	.43	5.02		.55	.10	.73	.36	3.76
Washington	3.32	.90	.19	4.61	1.02	1.68	1.10	.11	4.66
West Virginia	1.34	.40	3.81		1.34	.76	.53	.32	.89
Wisconsin	3.20	.92	11.03	7.81	3.25	.71	.96	.11	1.87
Wyoming	1.26	.40	3.03	2.63	1.94		.06	.11	1.77

[1] Pulmonary.
[2] Reports not required by law.
[3] Reports received weekly.
[4] Reports received annually.

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named:

Los Angeles, Calif.

2 weeks ended July 4, 1925:

Number of rats trapped	1,751
Number of rats found plague infected	1
Number of squirrels examined	1,623
Number of squirrels found plague infected	0

Date of discovery of last plague-infected rat, June 25, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended July 4, 1925:	
Number of rats trapped	1,341
Number of rats found to be plague infected	0
Number of squirrels examined	630
Number of squirrels found to be plague infected	0
Totals:	
Number of rats trapped Jan. 1 to July 4, 1925	57,072
Number of rats found to be plague infected	21
Number of squirrels examined May 1 to July 4, 1925	5,130
Number of squirrels found to be plague infected	0

Date of discovery of last plague-infected rat, Mar. 4, 1925.
Date of last human case, Sept. 10, 1919.

New Orleans, La.

Week ended July 4, 1925:	
Number of vessels inspected	242
Number of inspections made	559
Number of vessels fumigated with cyanide gas	12
Number of rodents examined for plague	3,130
Number of rodents found to be plague infected	0
Totals, Dec. 5, 1924, to July 4, 1925:	
Number of rodents examined for plague	137,128
Number of rodents found to be plague infected	12

Date of discovery of last plague-infected rat, Jan. 17, 1925.
Date of last human case occurring in New Orleans, Aug. 20, 1920.

POLIOMYELITIS IN SOUTH CAROLINA

In PUBLIC HEALTH REPORTS for July 10, 1925, page 1049, a brief note was printed regarding the prevalence of poliomyelitis in South Carolina as reported to the State health officer. The following paragraphs are taken from a letter dated July 9, 1925, sent out by Dr. James A. Hayne, the State health officer, to the physicians in the State, requesting further information regarding cases which have come to their attention:

The situation as regards poliomyelitis (infantile paralysis) in South Carolina, while disquieting, has not been severe enough to justify drastic measures in any part of the State. The State board of health so far has been informed of 70 cases, a greater number than has been reported up to this date (July 9) in any summer record. The outbreak has been chiefly in the northern counties, apparently subsiding in one county while extending in some other county attacked later. The greatest number of cases reported for any one county has been 16.

The evidence goes to show that though the patient himself harbors the virus, the disease is spread largely through "carriers." Children should therefore be protected from such close contact with others, even with their parents, as would expose them to nose and throat

secretions. On account of the probably large and entirely unknown number of "carriers" in a community, definite protective measures are difficult, but much can be done by insuring that the cases come under medical attention early and remain under competent supervision.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended July 4, 1925, 35 States reported 806 cases of diphtheria. For the week ended July 5, 1924, the same States reported 1,081 cases of this disease. One hundred and one cities, situated in all parts of the country, and having an aggregate population of more than 27,250,000, reported 489 cases of diphtheria for the week ended July 4, 1925. Last year, for the corresponding week, they reported 620 cases. The estimated expectancy for these cities was 709 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 2,159 cases of measles for the week ended July 4, 1925, and 3,468 cases of this disease for the week ended July 5, 1924. One hundred and one cities reported 1,199 cases of measles for the week this year, and 1,131 cases last year.

Scarlet fever.—Scarlet fever was reported for the week as follows: 35 States—this year, 1,035 cases; last year, 1,210 cases; 101 cities—this year, 504 cases; last year, 532; estimated expectancy, 443 cases.

Smallpox.—For the week ended July 4, 1925, 35 States reported 306 cases of smallpox. Last year for the corresponding week they reported 570 cases. One hundred and one cities reported smallpox for the week as follows: 1925, 78 cases; 1924, 155 cases; estimated expectancy, 75 cases. Six deaths from smallpox were reported by these cities for the week this year—two at Milwaukee, Wis., and one each at Philadelphia, Pa., Cleveland, Ohio, Superior, Wis., and St. Paul, Minn.

Typhoid fever.—Six hundred and forty-two cases of typhoid fever were reported for the week ended July 4, 1925, by 34 States. For the corresponding week of 1924 the same States reported 392 cases. One hundred and one cities reported 186 cases of typhoid fever for the week this year, and 128 cases for the corresponding week last year. The estimated expectancy for these cities was 116 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 101 cities as follows: 1925, 323 deaths; 1924, 354 deaths.

City reports for week ended July 4, 1925

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1915 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	73,129	0	1	1	0	0	1	0	1
New Hampshire:									
Concord	22,408	0	0	0	0	0	3	0	0
Vermont:									
Barre	[1] 10,008	0	0	0	0	0	1	0	0
Burlington	23,613	0	0	0	0	0	0	2	0
Massachusetts:									
Boston	770,400		48						
Fall River	120,912	0	2	2	0	0	23	0	0
Springfield	144,227	0	2	3	0	0	1	0	0
Worcester	191,927	5	3	5	0	0	25	1	4
Rhode Island:									
Pawtucket	68,799	0	1	0	0	0	1	0	0
Providence	242,378	0	8	6	0	1	2	0	2
Connecticut:									
Bridgeport	[1] 143,555	0	4	4	0	0	4	1	1
Hartford	[1] 138,036	1	5	0	0	0	2	2	1
New Haven	172,967	0	2	0	0	0	18	0	2
MIDDLE ATLANTIC									
New York:									
Buffalo	536,718	2	11	4	2	0	68	1	5
New York	5,927,625	76	219	109	1	3	90	9	70
Rochester	317,867		5	5		0	47	0	2
Syracuse	184,511	11	5	1		0	9	7	1
New Jersey:									
Camden	124,157	4	3	1		0	13	0	2
Newark	438,699	31	13	7	1	0	66	1	6
Trenton	127,390	2	3	1	0	0	6	0	1
Pennsylvania:									
Philadelphia	1,922,788	50	49	51		1	108	8	23
Pittsburgh	613,442	15	16	7		0	85	4	11
Reading	110,917	1	2	3	0	0	18	2	1
Scranton	140,636	1	2	5	0	0	0	0	1
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	406,312	1	7	1	0	1	0	2	5
Cleveland	888,519	56	20	9	0	3	28	6	7
Columbus	261,082	0	2	1		0	4	0	4
Toledo	268,338	24	5	7		0	53	0	0
Indiana:									
Fort Wayne	93,573	5	2	0	0	0	2	0	0
Indianapolis	342,718	1	5	0		0	11	1	3
South Bend	76,709	0	1	2	0	0	0	0	3
Terre Haute	68,939	0	0	0	0	0	7	0	0
Illinois:									
Chicago	2,886,121	52	88	62	4	2	202	7	21
Cicero	55,968		1						
Springfield	61,833	1	1	3	0	0	23	2	1
Michigan:									
Detroit	995,668	20	42	27	0	1	13	2	12
Flint	117,968	1	3	1	0	0	8	0	1
Grand Rapids	145,947	4	2	0	0	0	42	0	2

[1] Population Jan. 1, 1920.

City reports for week ended July 4, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL—continued									
Wisconsin:									
Madison	42,519	3	0	0	0	0	0	0	0
Milwaukee	484,595	19	11	10	0	0	90	11	0
Racine	64,393	1	1	0	0	0	0	0	0
Superior	[1] 39,671	0	0	0	0	0	0	0	1
WEST NORTH CENTRAL									
Minnesota:									
Duluth	106,289	11	1	0	0	0	0	0	0
Minneapolis	409,125	45	10	20	-------	0	1	2	1
St. Paul	241,891	19	11	7	-------	0	1	5	8
Iowa:									
Davenport	61,262	0	1	0	0	-------	0	0	-------
Des Moines	140,923	1	1	3	0	-------	0	0	-------
Sioux City	79,662	1	1	2	0	-------	0	2	-------
Waterloo	39,667	-------	0	0	0	-------	0	-------	-------
Missouri:									
Kansas City	351,819	0	5	0	0	0	1	5	6
St. Joseph	78,232	2	1	0	0	0	0	1	0
St. Louis	803,853	4	27	32	0	0	12	6	-------
North Dakota:									
Fargo	24,841	1	0	0	0	0	0	4	0
Grand Forks	14,547	1	0	0	0	-------	0	0	-------
South Dakota:									
Aberdeen	15,829	0	0	0	0	0	0	0	0
Sioux Falls	29,206	0	0	0	0	0	0	0	0
Nebraska:									
Lincoln	58,761	0	1	1	-------	0	0	1	1
Omaha	204,382	6	3	2	0	0	0	0	4
Kansas:									
Topeka	52,555	0	1	0	0	0	0	5	0
Wichita	79,261	0	1	0	0	0	0	1	0
SOUTH ATLANTIC									
Delaware:									
Wilmington	117,728	0	1	0	0	0	13	1	
Maryland:									
Baltimore	773,580	27	12	7	0	2	49	20	15
Cumberland	32,361	0	0	1	0	0	0	0	1
Frederick	11,301	0	0	0	0	0	1	0	0
District of Columbia:									
Washington	[1] 437,571	2	5	4	-------	1	24	-------	5
Virginia:									
Lynchburg	30,277	8	0	1	0	0	0	5	0
Norfolk	159,089	0	0	0	0	0	1	2	2
Richmond	181,044	0	1	0	0	0	17	0	4
Roanoke	55,502	0	1	0	0	0	14	0	0
West Virginia:									
Charleston	45,597	0	1	0	-------	0	6	0	0
Huntington	57,918	0	1	0	0	-------	0	0	-------
Wheeling	[1] 56,208	1	0	0	-------	0	3	0	0
North Carolina:									
Raleigh	29,171	0	0	0	0	0	0	0	0
Wilmington	35,719	0	0	0	0	0	0	2	0
Winston-Salem	56,230	0	0	1	0	0	0	0	2
South Carolina:									
Charleston	71,245	0	0	0	-------	0	0	0	1
Columbia	39,688	1	0	0	0	0	0	0	0
Greenville	25,789	0	0	1	0	0	0	0	1
Georgia:									
Atlanta	222,963	2	1	2	4	0	1	0	5
Brunswick	15,937	1	0	0	0	0	0	0	0
Savannah	89,448	0	1	1	0	0	0	2	0
Florida:									
St. Petersburg	24,403	0	0	0	0	0	0	0	0
Tampa	56,050	0	0	2	0	0	0	1	1

[1] Population Jan. 1, 1920.

City reports for week ended July 4, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST SOUTH CENTRAL									
Kentucky:									
Covington	57,877	----	1	----	----	----	----	----	----
Louisville	257,671	0	3	0	0	0	1	0	7
Tennessee:									
Memphis	170,067	1	1	0	----	1	5	0	5
Nashville	121,128	0	0	1	----	0	11	0	0
Alabama:									
Birmingham	195,901	3	1	0	1	0	0	0	3
Mobile	63,858	0	0	0	----	1	0	0	0
Montgomery	45,383	0	0	0	0	0	0	0	1
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	30,635	0	0	1	----	----	0	1	----
Little Rock	70,916	0	0	0	0	0	1	0	2
Louisiana:									
New Orleans	404,575	1	5	2	0	0	0	0	4
Shreveport	54,590	0	----	0	0	0	0	0	0
Oklahoma:									
Oklahoma	101,150	0	1	0	0	0	2	0	2
Texas:									
Dallas	177,274	1	2	2	0	1	0	0	2
Galveston	46,877	1	0	0	0	0	0	0	1
Houston	154,970	----	2	4	0	0	0	----	1
San Antonio	184,727	0	1	4	0	1	0	0	2
MOUNTAIN									
Montana:									
Billings	16,927	1	0	0	0	0	0	5	0
Great Falls	27,787	0	0	0	0	0	0	1	0
Helena	[1] 12,037	0	0	0	0	0	0	0	0
Missoula	[1] 12,668	0	0	0	0	0	0	0	0
Idaho:									
Boise	22,806	0	0	1	0	0	0	0	0
Colorado:									
Denver	272,031	9	9	11	----	0	2	7	3
Pueblo	43,519	0	2	1	----	0	1	0	0
New Mexico:									
Albuquerque	16,648	0	1	0	0	0	0	2	0
Arizona:									
Phoenix	33,899	0	----	0	----	0	0	0	1
Utah:									
Salt Lake City	126,241	39	2	6	0	0	1	12	4
Nevada:									
Reno	12,429	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	[1] 315,685	29	5	1	0	----	0	11	----
Spokane	104,573	----	2	----	----	----	----	----	----
Tacoma	101,731	0	1	11	----	----	0	1	----
California:									
Los Angeles	666,853	23	33	28	3	1	10	11	14
Sacramento	69,950	4	1	2	0	0	1	0	2
San Francisco	539,038	9	18	5	3	0	1	7	4

[1] Population Jan. 1, 1920.

City reports for week ended July 4, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	1	1	0	0	0	0	1	0	0	0	11
New Hampshire:											
Concord	0	0	0	0	0	0	0	0	0	0	12
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	2	0
Burlington	1	0	0	0	0	0	0	0	0	0	7
Massachusetts:											
Boston	25	----	0	----	----	----	2	----	----	----	----
Fall River	1	1	0	0	0	4	3	0	0	0	29
Springfield	3	2	0	0	0	1	0	0	0	2	22
Worcester	3	7	0	0	0	2	0	0	0	5	42
Rhode Island:											
Pawtucket	0	0	0	0	0	0	0	0	0	0	15
Providence	4	3	0	0	0	3	1	4	0	2	59
Connecticut:											
Bridgeport	3	4	0	0	0	4	0	0	0	0	25
Hartford	2	0	0	0	0	1	0	0	0	5	17
New Haven	1	1	0	0	0	1	2	0	0	17	33
MIDDLE ATLANTIC											
New York:											
Buffalo	13	14	0	0	0	9	1	2	0	14	104
New York	89	46	0	0	0	[1] 79	16	19	0	50	990
Rochester	5	5	0	0	0	3	0	0	0	----	64
Syracuse	5	1	0	0	0	0	1	0	0	7	37
New Jersey:											
Camden	1	4	0	0	0	2	0	0	0	1	22
Newark	11	11	0	0	0	12	0	1	0	20	107
Trenton	1	1	0	2	0	2	1	0	0	0	23
Pennsylvania:											
Philadelphia	37	37	1	0	1	43	6	6	3	101	396
Pittsburgh	12	35	0	0	0	6	2	1	0	11	118
Reading	1	2	0	0	0	2	1	0	0	18	27
Scranton	1	0	0	0	0	0	0	4	0	1	----
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	5	3	1	0	0	11	1	3	0	5	98
Cleveland	14	9	1	2	1	16	2	0	0	49	156
Columbus	3	3	1	4	0	7	1	1	1	2	74
Toledo	11	9	1	0	0	3	1	4	0	11	51
Indiana:											
Fort Wayne	1	0	1	0	0	1	0	0	0	2	27
Indianapolis	4	1	3	2	0	5	2	1	0	30	77
South Bend	1	0	1	0	0	1	1	0	0	1	16
Terre Haute	1	1	0	3	0	0	0	0	0	0	18
Illinois:											
Chicago	43	76	1	0	0	64	3	7	1	92	597
Cicero	0	----	0	----	----	----	0	----	----	----	----
Springfield	1	1	1	0	0	2	0	0	0	0	18
Michigan:											
Detroit	38	33	7	1	0	15	3	2	0	51	191
Flint	2	3	1	0	0	0	1	1	0	6	13
Grand Rapids	2	16	0	0	0	2	1	0	0	7	37
Wisconsin:											
Madison	1	4	0	0	0	0	0	0	0	4	4
Milwaukee	17	7	2	3	2	7	1	0	0	25	104
Racine	2	0	1	2	0	0	0	0	0	6	8
Superior	1	6	2	2	1	0	0	0	0	0	10
WEST NORTH CENTRAL											
Minnesota:											
Duluth	2	7	2	0	0	0	0	0	0	1	12
Minneapolis	13	25	6	0	0	1	1	0	1	7	79
St. Paul	8	10	3	0	1	4	1	0	0	18	55

[1] Pulmonary tuberculosis only.

City reports for week ended July 4, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—contd.											
Iowa:											
Davenport	1	1	2	2	-------	-------	0	0	-------	0	-------
Des Moines	2	0	3	1	-------	-------	0	0	-------	0	-------
Sioux City	1	0	1	3	-------	-------	0	0	-------	0	-------
Waterloo	1	0	1	0	-------	-------	0	0	-------	2	-------
Missouri:											
Kansas City	2	8	3	0	0	9	1	1	0	14	97
St. Joseph	1	0	0	0	0	3	0	1	0	3	24
St. Louis	12	22	1	3	0	12	2	7	1	20	179
North Dakota:											
Fargo	0	2	1	0	0	0	0	0	0	0	8
Grand Forks	0	0	0	0	-------	-------	0	0	-------	0	-------
South Dakota:											
Aberdeen	0	0	1	0	0	0	0	0	0	0	-------
Sioux Falls	0	6	0	0	0	0	0	0	0	0	8
Nebraska:											
Lincoln	1	0	0	0	0	1	0	0	0	4	21
Omaha	2	0	3	2	0	2	0	0	0	6	48
Kansas:											
Topeka	1	0	1	0	0	1	1	1	0	8	12
Wichita	1	1	2	0	0	1	1	0	0	14	29
SOUTH ATLANTIC											
Delaware:											
Wilmington	2	0	0	1	0	1	0	0	0	1	13
Maryland:											
Baltimore	11	9	0	0	0	24	4	2	0	96	166
Cumberland	1	0	0	0	0	0	0	0	0	0	8
Frederick	0	0	0	0	0	0	0	0	0	0	3
District of Columbia:											
Washington	6	5	0	0	0	14	3	2	0	8	110
Virginia:											
Lynchburg	0	1	0	0	0	0	0	2	0	4	11
Norfolk	0	0	1	0	0	1	2	0	0	2	-------
Richmond	1	4	0	0	0	1	1	4	1	3	34
Roanoke	0	0	1	0	0	2	0	0	0	0	20
West Virginia:											
Charleston	1	1	0	1	0	0	1	0	1	4	10
Huntington	0	0	0	0	-------	-------	0	0	-------	0	-------
Wheeling	1	6	0	0	0	0	1	0	0	0	16
North Carolina:											
Raleigh	0	1	1	0	0	0	0	0	0	1	7
Wilmington	0	1	0	0	0	0	0	0	0	0	9
Winston-Salem	1	0	1	3	0	1	2	1	0	13	13
South Carolina:											
Charleston	0	1	0	0	0	1	2	1	0	3	23
Columbia	0	0	0	0	0	0	1	0	0	1	-------
Greenville	0	0	0	0	0	1	1	1	4	3	14
Georgia:											
Atlanta	2	0	5	0	0	0	3	20	2	6	70
Brunswick	0	0	0	0	0	1	0	0	0	0	3
Savannah	0	0	0	0	0	1	2	1	0	0	21
Florida:											
St. Petersburg	0	0	0	0	0	0	0	0	0	0	16
Tampa	0	0	0	0	0	1	0	0	0	-------	14
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	-------	0	-------	-------	-------	1	-------	-------	-------	-------
Louisville	2	5	0	0	0	5	3	2	0	2	72
Tennessee:											
Memphis	1	0	1	0	0	3	3	15	2	18	68
Nashville	1	1	0	0	0	3	4	9	0	3	46
Alabama:											
Birmingham	1	6	0	11	0	6	4	4	0	6	59
Mobile	0	0	1	0	0	2	1	2	0	1	17
Montgomery	0	0	0	0	0	2	1	3	0	0	14

City reports for week ended July 4, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	0	0	----	----	0	3	----	11	----
Little Rock	0	0	0	0	0	1	2	8	1	0	----
Louisiana:											
New Orleans	1	3	1	1	0	11	4	21	3	5	165
Shreveport	----	0	----	0	0	1	0	12	1	3	26
Oklahoma:											
Oklahoma	1	0	3	2	0	3	1	6	0	0	35
Texas:											
Dallas	1	1	1	0	0	0	3	2	1	2	57
Galveston	0	0	0	0	0	1	1	1	0	0	14
Houston	0	6	1	0	0	2	1	3	0	----	55
San Antonio	1	0	1	0	0	6	0	3	0	0	52
MOUNTAIN											
Montana:											
Billings	0	1	0	1	0	0	0	0	0	2	6
Great Falls	1	3	1	0	0	2	0	1	0	8	5
Helena	0	0	0	0	0	0	0	0	0	0	2
Missoula	0	1	0	0	0	1	0	0	0	0	4
Idaho:											
Boise	1	0	1	2	0	0	0	0	0	0	2
Colorado:											
Denver	6	1	0	0	0	11	1	0	0	32	65
Pueblo	1	0	1	0	0	1	0	0	0	0	6
New Mexico:											
Albuquerque	1	0	0	0	0	4	0	0	0	0	12
Arizona:											
Phoenix	----	0	----	0	0	4	----	0	0	0	13
Utah:											
Salt Lake City	2	5	1	0	0	0	1	0	0	13	31
Nevada:											
Reno	0	0	1	0	0	1	0	0	0	0	1
PACIFIC											
Washington:											
Seattle	5	3	3	6	----	----	1	1	----	51	----
Spokane	3	----	3	----	----	----	1	----	----	----	----
Tacoma	1	1	1	5	----	----	0	0	----	5	----
California:											
Los Angeles	9	13	1	15	0	24	3	3	0	53	197
Sacramento	1	0	0	0	0	2	1	0	0	2	36
San Francisco	9	6	1	3	0	10	1	3	0	25	107

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Rhode Island:									
Providence	1	0	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	1	0	0	0	0	0	0
New York	1	1	2	3	0	0	3	3	0
New Jersey:									
Newark	0	0	4	0	0	0	1	3	0
Pennsylvania:									
Philadelphia	1	1	0	0	1	1	0	0	0

City reports for week ended July 4, 1925—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cleveland	0	0	0	2	0	0	0	0	0
Columbus	0	0	0	3	0	0	0	0	0
Illinois:									
Chicago	1	1	0	0	0	0	1	0	0
Michigan:									
Detroit	0	0	1	1	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis	0	0	0	1	0	0	0	0	0
Missouri:									
Kansas City	0	0	0	0	0	0	0	4	0
St. Louis	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC									
District of Columbia:									
Washington	0	0	1	0	0	0	0	0	0
Virginia:									
Lynchburg	0	0	0	0	1	0	0	0	0
West Virginia:									
Wheeling	0	0	0	0	0	0	0	1	0
North Carolina:									
Raleigh	0	0	0	0	0	1	0	1	0
Winston-Salem	0	0	0	0	1	1	0	0	0
South Carolina:									
Charleston	0	0	0	0	0	1	0	0	0
Columbia	0	0	0	0	0	0	0	2	0
Georgia:									
Atlanta	0	0	0	0	0	1	0	0	0
Brunswick	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	1	0	0	0	2	2	0	1	0
Nashville	0	0	0	0	1	0	0	0	0
Alabama:									
Birmingham	0	0	0	0	0	0	0	1	1
Mobile	0	0	0	0	1	0	0	0	0
Montgomery	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	1	1	0	2	1	0	0
Shreveport	0	0	0	0	0	2	----	1	0
Texas:									
Dallas	0	0	0	0	1	0	0	1	2
Houston	0	1	0	0	1	3	0	0	0
MOUNTAIN									
Utah:									
Salt Lake City	0	0	0	0	0	1	0	0	0
PACIFIC									
California:									
Los Angeles	0	0	0	0	0	0	1	5	3
Sacramento	0	0	0	0	0	0	0	5	0
San Francisco	0	1	2	2	1	0	0	1	0

The following table gives the rates per hundred thousand population for 105 cities for the 10-week period ended July 4, 1925. The population figures used in computing the rates were estimated as of July 1, 1923, as this is the latest date for which estimates are available. The 105 cities reporting cases had an estimated aggregate population of nearly 29,000,000 and the 97 cities reporting deaths

had more than 28,000,000 population. The number of cities included in each group and the aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, April 26 to July 4, 1925—Annual rates per 100,000 population [1]

DIPHTHERIA CASE RATES

	Week ended—									
	May 2	May 9	May 16	May 23	May 30	June 6	June 13	June 20	June 27	July 4
105 cities	158	[2] 157	[3] 164	153	[4] 149	158	120	119	[5] 116	[6] 91
New England	127	109	154	127	114	129	94	97	127	[7] 82
Middle Atlantic	213	212	238	203	211	244	156	166	163	96
East North Central	110	113	110	108	106	99	95	93	[5] 84	[5] 87
West North Central	201	278	211	251	197	189	145	133	114	131
South Atlantic	104	104	85	87	[4] 77	91	57	51	73	41
East South Central	40	11	34	40	11	11	11	6	34	[8] 6
West South Central	70	65	56	42	65	42	70	74	46	60
Mountain	115	105	153	134	143	76	181	191	105	181
Pacific	206	[2] 123	[3] 138	165	168	145	165	113	107	[2] 145

MEASLES CASE RATES

105 cities	581	[2] 627	[3] 624	601	[4] 593	619	582	434	[5] 303	[6] 224
New England	1,004	984	1,188	1,051	867	872	892	634	407	[7] 318
Middle Atlantic	734	797	768	617	704	774	727	544	382	258
East North Central	761	890	854	954	913	893	844	592	[5] 404	[5] 321
West North Central	79	112	79	236	145	114	135	87	60	31
South Atlantic	305	240	329	327	[4] 256	410	297	349	278	262
East South Central	200	343	166	337	217	132	212	114	132	[8] 104
West South Central	28	32	14	23	14	23	14	19	5	5
Mountain	534	181	57	181	248	38	95	76	95	38
Pacific	162	[2] 95	[3] 178	131	165	165	87	84	52	[2] 37

SCARLET FEVER CASE RATES

105 cities	309	[2] 323	[3] 352	307	[4] 278	267	174	165	[5] 117	[6] 94
New England	430	415	358	350	211	266	179	142	107	[7] 75
Middle Atlantic	323	319	331	265	271	263	156	145	100	79
East North Central	324	366	399	413	346	317	204	217	[5] 157	[5] 122
West North Central	518	618	728	556	531	481	325	328	184	168
South Atlantic	132	106	165	146	[4] 122	130	61	61	45	59
East South Central	263	263	326	246	183	126	160	160	91	[8] 73
West South Central	111	88	74	23	65	88	46	37	56	46
Mountain	334	277	353	324	410	334	277	143	210	105
Pacific	125	[2] 151	[3] 197	162	139	151	162	116	107	[2] 71

SMALLPOX CASE RATES

105 cities	50	[2] 46	[3] 46	60	[4] 48	46	37	36	[5] 25	[6] 15
New England	0	2	0	0	0	0	0	0	0	[7] 0
Middle Atlantic	8	6	7	2	2	4	2	1	0	1
East North Central	30	44	56	70	58	65	42	45	[5] 20	[5] 14
West North Central	75	60	79	68	70	95	52	60	37	17
South Atlantic	63	45	37	65	[4] 10	39	22	30	18	10
East South Central	435	377	189	440	423	114	297	200	132	[8] 67
West South Central	32	28	37	130	56	32	5	19	0	5
Mountain	10	48	29	29	57	38	29	19	29	29
Pacific	206	[2] 176	[3] 191	186	168	191	148	154	171	[2] 89

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1923.
[2] Spokane, Wash., not included. Report not received at time of going to press.
[3] Tacoma, Wash., not included.
[4] Charleston, W. Va., not included.
[5] Cicero, Ill., not included.
[6] Boston, Mass., Cicero, Ill., Covington, Ky., and Spokane, Wash., not included.
[7] Boston, Mass., not included.
[8] Covington, Ky., not included.

Summary of weekly reports from cities, April 26 to July 4, 1925—Annual rates per 100,000 population—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	May 2	May 9	May 16	May 23	May 30	June 6	June 13	June 20	June 27	July 4
105 cities	18	[2] 14	[3] 13	19	[4] 16	25	28	22	[5] 27	[6] 35
New England	10	5	12	25	17	30	25	20	17	[7] 16
Middle Atlantic	22	13	10	19	9	26	17	14	18	15
East North Central	4	9	6	5	7	10	10	4	[8] 9	[8] 10
West North Central	12	2	0	4	10	8	25	12	10	21
South Atlantic	28	28	26	39	[4] 41	41	65	49	71	69
East South Central	46	46	63	74	51	40	120	80	91	[9] 214
West South Central	51	46	79	65	74	88	116	130	148	246
Mountain	0	0	0	19	10	76	48	38	0	10
Pacific	17	[2] 9	[3] 3	6	9	9	15	6	20	[2] 22

INFLUENZA DEATH RATES

105 cities	22	15	14	14	[4] 12	11	7	6	[5] 6	[9] 4
New England	20	10	7	5	7	2	5	2	7	[7] 4
Middle Atlantic	14	10	12	11	9	11	6	4	6	2
East North Central	23	16	11	12	14	10	7	7	[8] 6	[8] 5
West North Central	31	11	11	18	18	4	9	7	4	0
South Atlantic	26	24	10	6	[4] 12	6	4	6	2	6
East South Central	51	51	80	86	40	54	17	34	17	[9] 12
West South Central	31	15	20	24	31	5	20	10	10	10
Mountain	48	19	57	19	0	29	10	0	10	0
Pacific	12	16	12	25	8	12	4	4	4	4

PNEUMONIA DEATH RATES

105 cities	167	151	127	128	[4] 117	128	104	81	[5] 66	[9] 58
New England	149	161	134	119	114	72	117	62	60	[7] 39
Middle Atlantic	206	185	143	144	146	168	139	93	75	62
East North Central	148	130	125	125	119	114	89	81	[8] 42	[8] 45
West North Central	72	77	58	79	59	57	59	33	50	42
South Atlantic	195	156	136	134	[4] 157	146	122	77	96	75
East South Central	194	160	166	137	172	126	63	103	120	[9] 98
West South Central	127	138	112	84	76	66	87	92	76	61
Mountain	124	124	162	172	76	95	105	143	57	67
Pacific	127	123	78	135	82	131	49	65	53	82

[2] Spokane, Wash., not included. Report not received at time of going to press.
[3] Tacoma, Wash., not included.
[4] Charleston, W. Va., not included.
[5] Cicero, Ill., not included.
[6] Boston, Mass., Cicero, Ill., Covington, Ky., and Spokane, Wash., not included.
[7] Boston, Mass., not included.
[8] Covington, Ky., not included.
[9] Boston, Mass., Cicero, Ill., and Covington, Ky., not included.

Number of cities included in summary of weekly reports and aggregate population of cities in each group, estimated as of July 1, 1923

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases	Aggregate population of cities reporting deaths
Total	105	97	28, 898, 350	28, 140, 934
New England	12	12	2, 098, 746	2, 098, 746
Middle Atlantic	10	10	10, 304, 114	10, 304, 114
East North Central	17	17	7, 032, 535	7, 032, 535
West North Central	14	11	2, 515, 330	2, 381, 454
South Atlantic	22	22	2, 566, 901	2, 566, 901
East South Central	7	7	911, 885	911, 885
West South Central	8	6	1, 124, 564	1, 023, 013
Mountain	9	9	546, 445	546, 445
Pacific	6	3	1, 797, 830	1, 275, 841

FOREIGN AND INSULAR

THE FAR EAST

Reports for two weeks ended June 27, 1925.—The following reports, covering the two-week period ended June 27, 1925, were transmitted by the Far Eastern Bureau of the Health Section of the League of Nations, located at Singapore, to the headquarters at Geneva:

WEEK ENDED JUNE 20, 1925

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bombay	----	3	0	0	13	12
Madras	0	0	0	0	19	8
Rangoon	----	15	----	5	17	8
Karachi	0	0	0	0	0	0
Negapatam	0	0	0	0	0	0
Singapore	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0
Penang	0	0	0	0	0	0
Batavia	0	0	0	0	0	0
Soerabaya	0	0	0	0	0	0
Samarang	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0
Macassar	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0
Sarawak	0	0	0	0	1	0
Bangkok*	2	2	1	1	1	1
Saigon and Cholon	1	1	0	0	0	0
Hongkong	0	0	0	0	0	0
Shanghai	0	0	0	0	3	1
Manila	0	0	1	0	0	0
Colombo	5	4	0	0	0	0
Nagasaki	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0
Shimonoseki	0	0	0	0	0	0
Kobe	0	0	0	0	0	0
Adelaide	0	0	0	0	0	0
Fremantle	0	0	0	0	0	0
Melbourne	0	0	0	0	0	0
Sydney	0	0	0	0	0	0
Suez	2	1	0	0	0	0
Port Said	1	1	0	0	0	0

*Infected rats found.

WEEK ENDED JUNE 27, 1925

Port	Plague		Cholera		Smallpox	
	Cases	Deathe	Cases	Deaths	Cases	Deaths
Calcutta	0	0		10	22	20
Bombay		5	0	0	6	3
Madras	0	0	0	0	28	13
Rangoon		15		3	9	5
Karachi	0	0	0	0	1	0
Negapatam	0	0	0	0	0	0
Singapore	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0
Penang	0	0	0	0	0	0
Batavia	0	0	0	0	0	0
Soerabaya	0	0	0	0	0	0
Samarang	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0
Macassar	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0
Sarawak	0	0	0	0	2	1
Bangkok	0	0	1	1	2	1
Saigon and Cholon	1	1	0	0	0	0
Hongkong	0	0	0	0	0	0
Shanghai	0	0	0	0	5	3
Manila	0	0	2	0	0	0
Colombo	1	0	0	0	0	0
Nagasaki	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0
Shimonoseki	0	0	0	0	0	0
Kobe	0	0	0	0	0	0
Adelaide	0	0	0	0	0	0
Brisbane	1	0	0	0	0	0
Fremantle	0	0	0	0	0	0
Melbourne	0	0	0	0	0	0
Sydney	0	0	0	0	0	0
Suez	1	1	0	0	0	0
Port Said *						
Mombasa	0	0	0	0	0	0

* Two cases of plague reported June 28, 1925.

CANADA

Communicable diseases—Ontario—May 31–June 27, 1925 (comparative).—During the four-week period ended June 27, 1925, communicable diseases were reported in the Province of Ontario, Canada, as follows:

Disease	1925		1924	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis	5	2	9	5
Chancroid	1		3	
Chicken pox	457	1	265	
Diphtheria	142	12	227	12
German measles	23		150	
Goiter	16	1	1	1
Gonorrhea	132		132	
Influenza	10	7	9	6
Lethargic encephalitis		4	1	1
Measles	1,063	2	4,321	12
Mumps	300		729	
Pneumonia		126		149
Scarlet fever	326	1	510	14
Smallpox	12	1	24	
Syphilis	48		96	
Tuberculosis	165	85	162	89
Typhoid fever	46	3	47	1
Whooping cough	269	7	104	3

Smallpox distribution—Localities.—The 12 cases of smallpox notified in the Province of Ontario during the period under report were distributed in seven localities, the greatest number of cases, viz, 6, occurring at Kingston and at the remaining six localities, one case each, with one death at London.

EGYPT

Plague—June 11–17, 1925—Summary, January 1–June 17, 1925 (comparative).—During the week ended June 17, 1925, 11 cases of plague with eight deaths were reported in Egypt. The occurrence in cities was as follows: *Alexandria*—1 case, 1 death; *Port Said*—1 case, 1 death; *Suez*—2 cases, 1 death. The type of the urban cases was stated to have been bubonic. The remaining cases reported were distributed in the Provinces of Beni-Souef, Kena, and Minia. From January 1 to June 17, 1925, inclusive, 75 cases of plague were reported in Egypt as compared with 298 cases reported from the corresponding period of the year 1924.

INDIA

Cholera nostras—Calcutta—May 31–June 6, 1925—During the week ended June 6, 1925, 31 cases of cholera nostras with 23 deaths were reported at Calcutta, India. Population, 1,077,264.

ITALY

Leprosy—Province of Syracuse—Sicily.—Information received under date of June 3, 1925, indicates the prevalence of leprosy and gives its distribution according to locality and population in the Province of Syracuse, Island of Sicily, Italy, as follows:

Avola.—Population, 17,481. Stated to have been infected from a remote period of history and to be the locality from which spread of the disease to other localities has occurred.

Floridia.—Population, 13,541. Stated to have been a continuous focus, with the disease still present. Cases are reported in the neighboring village of Marzamemi.

Pachino.—Population, 12,190. Cases are stated to be of constant occurrence, infected persons in the past having been permitted to mingle freely with the population, live in equal social relations, and to engage in the sale of food. It was stated that no sanitary measures were taken.

Vittoria.—Population, 30,362. Stated to have had a continuous focus of infection and to be still infected.

Sporadic cases.—Sporadic cases of leprosy have been reported at Augusta, Chiaramonte Gulfi, Pozzallo, Ragusa, and Sortino.

JAMAICA

Smallpox (reported as alastrim)—May 31–June 27, 1925.—During the four-week period ended June 27, 1925, 33 cases of smallpox

(reported as alastrim) were notified in the Island of Jamaica, exclusive of Kingston, and 13 cases in Kingston. Two additional cases were reported for the island occurring during the week ended May 30, 1925.[1]

Chicken pox—Typhoid fever.—During the same period, 16 cases of chicken pox were reported in the island, and two cases at Kingston. Typhoid fever was reported as follows: Kingston, 29 cases; localities other than Kingston, 49 cases.

PERU

Pernicious malaria in northern Peru.—Under date of June 4, 1925, pernicious malaria was stated to be epidemic in the Department of Piura, northern Peru. Two thousand persons were said to have been ill in the city of Catacaos and vicinity.

Epidemic bacillary dysentery in Callao.—Epidemic bacillary dysentery, with many fatalities, was reported at Callao, Peru, June 2, 1925.

Quarantine by Ecuador against Peruvian ports terminated.—On June 12, 1925, quarantine restrictions imposed at ports of Ecuador against vessels from the northern coast of Peru were discontinued. The restrictions were imposed because of rumors of yellow fever, but the disease was found to be acute malaria.

TURKEY

Communicable diseases—Mortality—Constantinople—Year 1924.—During the year 1924, 8,064 cases of communicable diseases were reported at Constantinople, Turkey, including influenza, 2,171; malaria, 2,034; tuberculosis, 2,881. The number of deaths from all causes reported for the year was 15,139. Population, estimated, 1,000,000.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended July 24, 1925[a]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				May 3-23, 1925: Cases, 17,350; deaths, 10,891.
Madras	June 6-13	2	1	
Rangoon	May 24-30	3	2	
Indo-China:				
Saigon	May 25-31	2	2	Including 100 square kilometers of surrounding country.
Siam:				
Bangkok	May 17-23	2		

[1] Public Health Reports, July 10, 1925, p. 1500.

[a] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received During Week Ended July 24, 1925—Continued

PLAGUE

Place	Date	Cases	Deaths	Remarks
Ceylon:				
Colombo	May 24-30	1	1	
China:				
Foochow	...do			Reported present in epidemic form.
Egypt				June 11-17, 1925: Cases, 11. Jan. 1-June 17, 1925: Cases, 75; corresponding period, 1924—cases, 298.
City—				
Alexandria	June 17	1	1	Bubonic.
Port Said	June 17-18	1	1	Do.
Suez	June 14-15	2	1	Do.
Province—				
Beni-Souef	June 13-16	5	3	Bubonic and septicemic.
Kena	June 17	1	1	Septicemic.
Minia	...do	1	1	Do.
India				May 3-23, 1925: Cases, 17,667; deaths, 14,303.
Bombay	May 17-30	20	18	
Calcutta	May 30-June 6	1	1	
Karachi	...do	1		
Madras Presidency	May 10-16	2	1	
Rangoon	May 24-30	5	4	
Indo-China:				
Saigon	May 25-31	1	1	
Iraq:				
Bagdad	May 24-30	2		
Java:				
Batavia	May 23-29	12	12	
Soerabaya	May 7-13	2	2	
Straits Settlements:				
Singapore	May 17-30	2	2	
Turkey:				
Constantinople	May 25-31	1		

SMALLPOX

Brazil:				
Pernambuco	May 17-23	6	2	
Canada:				
British Columbia—				
Vancouver	June 22-28	2		
Ontario				May 31-June 27, 1925: Cases, 12; deaths, 1. Corresponding period, 1924—cases, 24.
China:				
Canton	May 31-June 6			Present.
Foochow	May 24-June 6			Do.
Hongkong	May 10-16	1	1	
Do	May 24-30	2	2	
Manchuria—				
Dairen	May 18-June 7	25	7	
Tientsin	May 30-June 6	1		Mission hospital.
Chosen:				
Seoul	May 1-31	1		
Egypt:				
Cairo	Apr. 16-22	1		
Great Britain:				
England and Wales	June 7-20	186		
Greece:				
Athens	May 1-31		2	
India				May 3-23, 1925: Cases, 13,417; deaths, 3,257.
Bombay	May 23-30	38	27	
Calcutta	May 31-June 6	50	45	
Karachi	May 31-June 13	3		
Madras	...do	51	23	
Rangoon	May 24-30	28	15	
Jamaica				May 31-June 27, 1925: Cases, 33 (reported as alastrim). For week ended May 30, 1925—2 additional cases reported.
Kingston	May 31-June 27	13		

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received During Week Ended July 24, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Java:				
Soerabaya	May 7–13	28	6	
Mexico:				
Durango	June 1–30		11	
Guadalajara	June 30–July 6		1	
Mexico City	June 6–27	11		Including municipalities in Federal District.
Poland				Mar. 22–Apr. 4, 1925: Cases, 9.
Siam:				
Bangkok	May 17–23	5	3	
Spain:				
Malaga	June 14–20		3	
Straits Settlements:				
Singapore	May 17–23	1		
Union of South Africa:				
Cape Province	May 24–30			Outbreaks.

TYPHUS FEVER

Egypt:				
Cairo	Apr. 16–22	1		
Palestine:				
Safad	June 9–15	1		
Poland				Mar. 22–Apr. 11, 1925: Cases, 603; deaths, 38.
Portugal:				
Oporto	May 31–June 6	1		
Rumania:				
Constantza	May 1–31	1		
Tunis:				
Tunis	May 21–June 17	16	8	
Turkey:				
Constantinople	May 25–31	1		
Union of South Africa:				
Cape Province	May 24–30			Outbreaks.
Orange Free State	do			Do.
Transvaal	do			Do.

Reports Received from June 27 to July 17, 1925 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers	May 11–20	1		
Ceylon				Jan. 25–Apr. 4, 1925: Cases, 10; deaths, 10.
Colombo	May 10–16	2	2	
India				Apr. 26–May 2, 1925: Cases, 5,421 deaths, 3,120.
Calcutta	May 3–9	58	49	
Do	May 17–23	79	61	
Rangoon	May 3–23	16	11	Feb. 8–14, 1925: Cases, 2; deaths, 2. Received out of date.
Indo-China:				
Saigon	May 4–10	1	1	
Siam:				
Bangkok	Apr. 29–May 16	3	2	
Turkey:				
Constantinople	May 16–22	1		

[1] From medical officers of the Public Health Service, American consuls, and other sources. For reports received from Dec. 27, 1924, to June 26, 1925, see Public Health Reports for June 26, 1925. The tables of epidemic diseases are terminated semiannually and new tables begun.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from June 27 to July 17, 1925—Continued

PLAGUE

Place	Date	Cases	Deaths	Remarks
Brazil:				
Bahia	May 3–June 13	5	4	
British East Africa:				
Uganda	Feb. 1–28	28	28	
Ceylon:				
Colombo	May 10–16	----	1	
Ecuador:				
Guayaquil	June 1–15	1	1	May 16–June 16, 1925: Rats examined, 20,967; found infected, 78.
Egypt		----	----	Jan. 1–June 10, 1925: Cases 64. Corresponding period 1924—cases, 284.
Province—				
Assiout	June 5	1	1	
Beni Souef	June 10	3	1	
Charkieh	June 6–8	1	1	
Minia	June 6	2	1	
India		----	----	Apr. 26–May 2, 1925: Cases, 3,858; deaths, 3,359.
Bombay	Apr. 26–May 9	15	16	
Karachi	May 18–23	3	3	
Rangoon	May 3–23	44	37	Feb. 8–14, 1925: Cases, 13; deaths, 13. (Received out of date.)
Indo-China:				
Cochin China—				
Saigon	Apr. 20–26	1	1	Including 100 square kilometers of surrounding country.
Java:				
Batavia	May 6–22	9	9	Province.
Pasoeroean Residency	Mar. 7	----	----	Epidemic in one locality.
Madagascar:				
Province—				
Itasy	Apr. 1–15	1	1	
Tananarive	Apr. 1–30	128	104	Bubonic, cases, 80, deaths, 61; pneumonic, cases 22; deaths, 17; septicemic, cases, 26; deaths, 26.
Town—				
Tamatave (port)	Apr. 1–15	2	----	
Tananarive Town	Apr. 16–30	1	1	
Nigeria	Dec., 1924	17	13	
Do	Jan., 1925	10	6	
Siam:				
Bangkok	Apr. 26–May 9	5	5	
Straits Settlements:				
Singapore	May 3–16	7	7	

SMALLPOX

Algeria:				
Algiers	----	----	----	May 1–31, 1925: Cases, 17; deaths, 2
Brazil:				
Pernambuco	Apr. 26–May 16	33	13	
Rio de Janeiro	May 9–16	1	----	
British East Africa:				
Kenya—				
Mombasa	Apr. 19–May 23	21	9	
Nairobi	May 3–9	3	2	
Tanganyika Territory	Apr. 5–May 9	22	6	
Uganda	Feb. 1–28	2	----	
British South Africa:				
Northern Rhodesia	Apr. 28–May 4	3	----	
Canada:				
British Columbia—				
Vancouver	June 1–14	5	----	
New Brunswick—				
Restigouche County	June 1–30	1	----	
Ontario—				
Galt	June 14–20	2	----	
Kingston	do	1	----	
Saskatchewan—				
Regina	May 24–30	3	----	
China:				
Amoy	May 17–30	----	4	Prevalent in surrounding country.
Antung	May 11–June 7	2	----	
Canton	May 10–30	----	----	Present.
Chungking	May 3–30	----	----	Widespread.
Foochow	May 9–23	----	----	Present.
Hongkong	Apr. 19–May 23	13	12	

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from June 27 to July 17, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria—				
Dairen	Apr. 13–May 17	82	9	
Harbin	May 13–June 2	2		
Nanking	May 9–June 6			Present.
Shanghai	May 3–June 6	5	2	
Swatow	May 17–June 6			Stated to be endemic.
Tientsin	May 9–23	1		Two cases reported by British municipality.
Egypt:				
Alexandria	May 21–27	1	1	
Cairo	Mar. 19–25	1		
France:				
Paris	May 21–31	1		February–March, 1925: Cases, 48.
Gold Coast				January–February, 1925: Cases, 114; deaths, 17.
Great Britain:				
England and Wales				May 24–June 6, 1925: Cases, 187.
Birmingham	June 7–13	1		
Cardiff	June 14–20	1		
Newcastle-on-Tyne	May 31–June 13	4		
Greece			-	January–February, 1925: Cases, 43; deaths, 6.
India				Apr. 26–May 2, 1925: Cases, 6,675; deaths, 1,719.
Bombay	Apr. 26–May 9	48	42	
Calcutta	May 3–9	109	100	
Do	May 17–23	75	61	
Karachi	May 18–30	2	1	
Madras	do	54	22	
Rangoon	May 3–23	129	65	
Indo-China:				
Cochin-China—				
Saigon	Apr. 20–May 24	13	9	
Iraq				Jan. 11–Apr. 4, 1925: Cases, 87; deaths, 42.
Bagdad	Apr. 26–May 2	3		Apr. 26–May 30, 1925: Cases, 75 (reported as alastrim).
Jamaica				Reported as alastrim.
Kingston	Apr. 26–May 30	6		
Japan:				
Kobe	May 24–30	1		
Nagasaki	May 15–21	2		
Yokohama	May 25–31	1		
Java:				
Batavia	May 2–8	1		Province.
Rembang Residency	Apr. 23			Epidemic at Kawedanam.
Soerabaya	Apr. 16–May 6	93	10	
Tegal	Mar. 29–Apr. 4	2		
Malta	June 1–15	2		
Mexico:				
Guadalajara	June 2–29		10	
Mexico City	May 24–30	1		Including municipalities in Federal District.
Tampico	June 1–10		1	
Morocco:				
Tangier	May 17–June 5			Present among natives.
Nigeria				December, 1924: Cases, 40; deaths, 16.
Do				January–February, 1925: Cases, 421; deaths, 14.
Persia:				
Teheran	Mar. 21–Apr. 21		11	
Poland				Mar. 1–21, 1925: Cases, 10.
Portugal:				
Lisbon	Apr. 26–June 13	35	6	
Russia				December, 1924: Cases, 880. January, 1925: Cases, 383.
Siam:				
Bangkok	Apr. 26–May 16	9	6	
Spain:				
Malaga	May 24–June 13		12	
Valencia	May 31–June 6	1		
Syria:				
Beirut	Apr. 21–30	1		

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued.

Reports Received from June 27 to July 17, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Tripoli				Jan. 3-Feb. 20, 1925: Cases, 6.
Tunis:				
Tunis	May 6-June 10		23	
Turkey:				
Constantinople	May 16-22	2		
Union of South Africa:				
Transvaal	May 3-9			Outbreaks.
Uruguay				December, 1924: Cases, 8.

TYPHUS FEVER

Algeria:				
Algiers	May 11-20	6	2	In vicinity, 12 cases. Isolated.
Bulgaria				November-December, 1924: 1 case. January-March, 1925: Cases, 36; deaths, 2.
Sofia	May 28-June 3	2		
Chile:				
Valparaiso	May 10-16		1	
China:				
Manchuria—				
Harbin	May 19-June 2	2		
Egypt:				
Alexandria	May 7-June 3	3		
Cairo	Mar. 26-Apr. 8	4	4	
Port Said	May 14-20	1	1	
Greece				January-February, 1925: Cases, 40; deaths, 4.
Athens	May 1-31		2	
Latvia				April, 1925: Cases, 12.
Mexico:				
Mexico City	May 24-June 6	24		Including municipalities in Federal district.
Morocco				January, 1925: Cases, 63.
Palestine:				
Jaffa District	June 2-8	2		
Majdal	May 26-June 8	3		
Ramleh	May 19-25	1		
Peru:				
Arequipa	Apr. 1-30		2	
Poland				Mar. 1-21 1925: Cases, 592; deaths, 36.
Russia				December, 1924: Cases, 4,227. January, 1925: Cases, 3,828.
Spain:				
Valencia	June 7-13		1	
Turkey:				
Constantinople	May 11-20	6	2	
Union of South Africa:				
Cape Province	Apr. 19-May 23			Outbreaks.
Natal	May 3-9			Do.
Durban	Feb. 1-May 9	14		European.
Orange Free State	Feb. 1-May 23			Outbreaks.
Transvaal	Feb. 1-Apr. 15			Do.
Johannesburg	May 17-23	1		
Yugoslavia:				
Zagreb	May 8-21	7	1	